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Cigarette Use Among High School Students — United States, 1991–2009

Understanding the trends in the prevalence of cigarette smoking among youths enables policy makers to target prevention resources more effectively. Every 2 years, CDC analyzes data from the national Youth Risk Behavior Survey (YRBS) to evaluate trends in cigarette use among high school students in the United States. This report updates a previous report (*1*) and describes results of CDC's 2010 analysis of YRBS data from 1991–2009 for three measures: ever smoked cigarettes, current cigarette use, and current frequent cigarette use. For ever smoked cigarettes, the prevalence did not change from 1991 (70.1%) to 1999 (70.4%), declined to 58.4% in 2003, and then declined more gradually, to 46.3% in 2009. For current cigarette use, the prevalence increased from 27.5% in 1991 to 36.4% in 1997, declined to 21.9% in 2003, and then declined more gradually, to 19.5% in 2009. For current frequent cigarette use, the prevalence increased from 12.7% in 1991 to 16.8% in 1999, declined to 9.7% in 2003, and then declined more gradually, to 7.3% in 2009. For all three measures, rates began to decline in the late 1990s, but the rate of decline slowed during 2003–2009. To increase the rate of decline in cigarette use among high school students, reductions in advertising, promotions, and commercial availability of tobacco products should be combined with full implementation of communitywide, comprehensive tobacco control programs (*2–5*).

The biennial national YRBS, a component of CDC's Youth Risk Behavior Surveillance System, used independent, three-stage cluster samples for the 1991–2009 surveys to obtain cross-sectional data representative of public and private school students in grades 9–12 in all 50 states and the District of Columbia.* For each survey, students completed anonymous, self-administered questionnaires that included identically worded questions about cigarette use. During 1991–2009, the number of participating schools ranged from 110 to 159, and the number of participating students ranged from 10,904 to 16,410. School response rates ranged from 70% to 81%, student response rates ranged from 83% to 90%, and the overall response rates ranged from 60% to 71%.

For this analysis, ever smoked cigarettes was defined as ever trying cigarette smoking, even one or two puffs; current cigarette use was defined as smoking cigarettes on at least 1 day during the 30 days before the survey; and current frequent cigarette use was defined as smoking cigarettes on 20 or more days during the 30 days before the survey. Race/ethnicity data were analyzed only for non-Hispanic black, non-Hispanic white, and Hispanic students (who might be of any race); the numbers of students from other racial/ethnic groups were too small for meaningful analysis. Data were weighted to provide national estimates, and the statistical software used for all data analyses accounted for the complex sample design. Temporal changes were analyzed using logistic regression analyses, which controlled for sex, race/ethnicity, and grade and simultaneously assessed linear, quadratic, and cubic time effects ($p<0.05$).†

Significant linear, quadratic, and cubic effects were detected for all three measures (Table 1 and Figure 1). The percentage of students who ever smoked cigarettes did not change from

* Additional information available at http://www.cdc.gov/healthyyouth/yrbs/yrbs_methods.htm.

† Quadratic and cubic trends indicate a significant but nonlinear trend in the data over time (e.g., whereas a linear trend is depicted with a straight line, a quadratic trend is depicted with a curve with one bend and a cubic trend with a curve with two bends). Trends that include significant cubic or quadratic and linear components demonstrate nonlinear variation in addition to an overall increase or decrease over time.

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1991 (70.1%) to 1999 (70.4%), declined to 58.4% in 2003, and then declined more gradually to 46.3% in 2009. The percentage of students who reported current cigarette use increased from 27.5% in 1991 to 36.4% in 1997, declined to 21.9% in 2003, and declined more gradually to 19.5% in 2009. The percentage of students who reported current frequent cigarette use increased from 12.7% in 1991 to 16.8% in 1999, declined to 9.7% in 2003, and then declined more gradually to 7.3% in 2009.

For current cigarette use, trend analyses were conducted by sex, race/ethnicity, and grade in school (Figures 2 and 3). Significant linear, quadratic, and cubic effects similar to the overall analysis were observed for current cigarette use among female students overall, white female students, black students overall, black male students, 9th-grade students, and 10th-grade students (Table 2). Among male students overall, white students overall, white male students, Hispanic male students, and 11th-grade students, current cigarette use increased from 1991 to 1997, declined from 1997 to 2003, and then remained stable. Among Hispanic students overall and Hispanic female students, current cigarette use increased from 1991 to 1995, declined from 1995 to 2003, and then remained stable. Among 12th-grade students, current cigarette use increased from 1991 to 1999, declined from 1999 to 2003, and then remained stable. Among black female students, only linear and quadratic effects were observed, indicating that the prevalence of current cigarette use increased from 1991 to 1999 and then declined, with no slowing or leveling off.

Reported by

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Editorial Note

The findings in this report show that for three measures of cigarette use (ever smoked cigarettes, current cigarette use, and current frequent cigarette use), rates among high school students began to decline in the late 1990s, but the rate of decline slowed during 2003–2009. These trends are consistent with trends for 30-day and daily cigarette use reported from the Monitoring the Future survey (an ongoing national study of the behaviors, attitudes, and values of 8th-, 10th- , and 12th-grade students), which also showed declines starting in the late 1990s but gradual declines most recently (*6*). As a result of the slow declines in youth smoking described in this report, the *Healthy*

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TABLE 1. Percentage of high school students who had ever smoked cigarettes,* were current cigarette users,† and were current frequent cigarette users§ — Youth Risk Behavior Survey, United States, 1991–2009¶

Category	1991 % (95% CI**)	1993 % (95% CI)	1995 % (95% CI)	1997 % (95% CI)	1999 % (95% CI)	2001 % (95% CI)	2003 % (95% CI)	2005 % (95% CI)	2007 % (95% CI)	2009 % (95% CI)
Ever smoked cigarettes††	70.1 (67.8–72.3)	69.5 (68.1–70.8)	71.3 (69.5–73.0)	70.2 (68.2–72.1)	70.4 (67.3–73.3)	63.9 (61.6–66.0)	58.4 (55.1–61.6)	54.3 (51.2–57.3)	50.3 (47.2–53.5)	46.3 (43.7-48.9)
Current cigarette use††	27.5 (24.8–30.3)	30.5 (28.6–32.4)	34.8 (32.5–37.2)	36.4 (34.1–38.7)	34.8 (32.3–37.4)	28.5 (26.4–30.6)	21.9 (19.8–24.2)	23.0 (20.7–25.5)	20.0 (17.6–22.6)	19.5 (17.9-21.2)
Current frequent cigarette use††	12.7 (10.6–15.3)	13.8 (12.1–15.5)	16.1 (13.6–19.1)	16.7 (14.8–18.7)	16.8 (14.3–19.6)	13.8 (12.3–15.5)	9.7 (8.3–11.3)	9.4 (7.9–11.0)	8.1 (6.7–9.8)	7.3 (6.4-8.3)

* Ever tried cigarette smoking, even one or two puffs.
† Smoked cigarettes on at least 1 day during the 30 days before the survey.
§ Smoked cigarettes on 20 or more days during the 30 days before the survey.
¶ Linear, quadratic, and cubic trend analyses were conducted using a logistic regression model controlling for sex, race/ethnicity, and grade.
** Confidence interval.
†† Significant linear, quadratic, and cubic effects were detected ($p<0.05$).

People 2010 national health objective to reduce the prevalence of current cigarette use among high school students to ≤16%[§] has not been met.

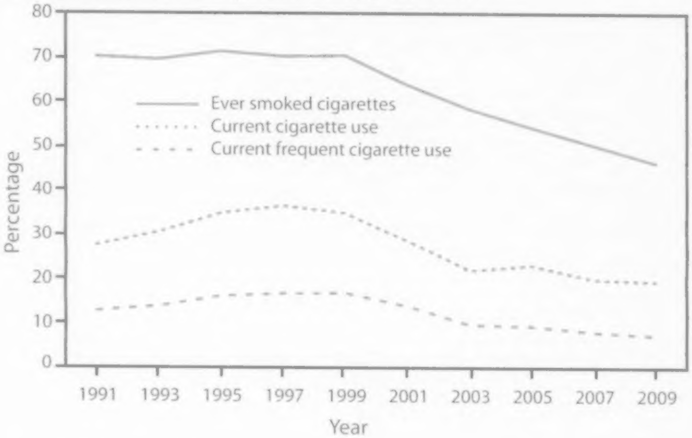
The findings in this report also show that since 2003 the rate of decline in current cigarette use slowed or leveled off for all racial/ethnic and sex subgroups except black female students, for which no slowing or leveling off occurred in the rate of decline after 1999. Cigarette smoking rates reflect complex and interrelated individual, social, and environmental factors (*4,7*). More detailed research is needed to explain why current cigarette use during 2003–2009 declined more slowly among some racial/ethnic and sex subgroups of high school students but remained stable among others.

The impact of tobacco advertising and promotion activities on youth smoking initiation has been documented previously (*8*). The increase in current cigarette use among high school students during the early to mid-1990s observed in this and other surveys might have resulted from expanded tobacco company promotional efforts, including discounted prices on cigarette brands most often smoked by adolescents, depictions of tobacco use in movies, distribution of nontobacco products with company symbols (e.g., hats and T-shirts), and sponsorship of music concerts and other youth-focused events (*7*). Reductions in advertising, promotions, and commercial availability of tobacco products should be combined with expanded counter-advertising mass media campaigns and implemented with other well-documented and effective strategies (e.g., higher prices for tobacco products through increases in excise taxes, tobacco-free environments, programs that promote changes in social norms, and comprehensive communitywide and school-based tobacco-use prevention policies)(*2–5*).

The findings in this report are subject to at least two limitations. First, these data apply only to youths who attend school and, therefore, are not representative of all persons in this age group. Nationwide, in 2007, of persons aged 16–17 years, approximately 4% were not enrolled in a high school program and had not completed high school (*9*). Second, the extent of underreporting or overreporting of cigarette use cannot be determined, although the survey questions demonstrate good test-retest reliability (*10*).

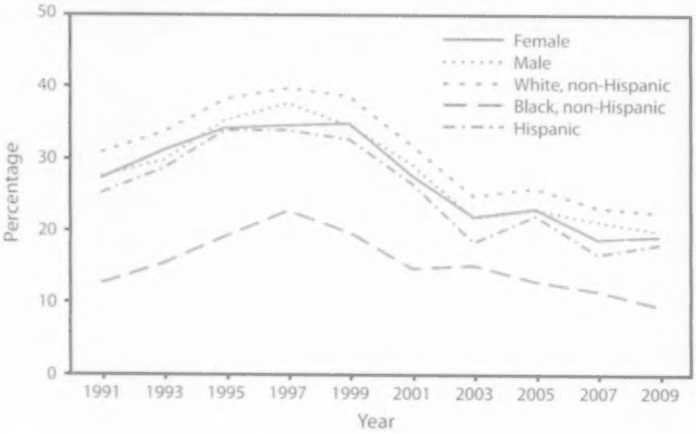
§ Additional information available at http://www.healthypeople.gov/document/pdf/volume2/27tobacco.pdf.

FIGURE 1. Percentage of high school students who had ever smoked cigarettes,* were current cigarette users,† and were current frequent cigarette users§ — Youth Risk Behavior Survey, United States, 1991–2009



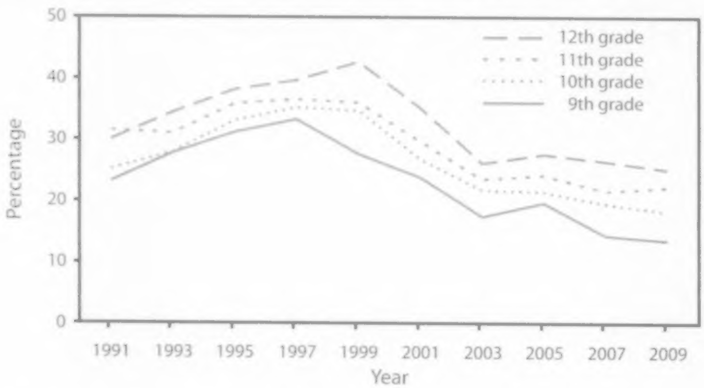
* Ever tried cigarette smoking, even one or two puffs.
† Smoked cigarettes on at least 1 day during the 30 days before the survey.
§ Smoked cigarettes on 20 or more days during the 30 days before the survey.

FIGURE 2. Percentage of high school students who were current cigarette users,* by sex and race/ethnicity — Youth Risk Behavior Survey, United States, 1991–2009



* Smoked cigarettes on at least 1 day during the 30 days before the survey.

FIGURE 3. Percentage of high school students who were current cigarette users,* by grade — Youth Risk Behavior Survey, United States, 1991–2009



* Smoked cigarettes on at least 1 day during the 30 days before the survey.

What is already known on this topic?

National data show that the prevalence of cigarette use among youths began to decline in the late 1990s.

What is added by this report?

The findings in this report show that for three measures of cigarette use (ever smoked cigarettes, current cigarette use, and current frequent cigarette use), rates among high school students began to decline in the late 1990s, but the rate of decline slowed during 2003–2009.

What are the implications for public health practice?

To reduce the adverse health consequences associated with tobacco use, the most effective evidence-based strategies to reduce initiation of tobacco use among youths should be implemented nationwide, including higher prices for tobacco products, tobacco-free environment policies, and counter-advertising mass media campaigns.

The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act),¶ enacted in 2009, provides new opportunities for broad scale reductions in tobacco use. This statute gives the Food and Drug Administration (FDA) additional authority to regulate the tobacco industry. The Act imposes specific marketing, labeling, and advertising requirements, and establishes restrictions on youth access and promotional practices that are particularly attractive to youth. The provisions of the Act offer opportunities for FDA to work as a partner in tobacco prevention and control (e.g., through collaborations with CDC and other federal and state agencies) (*5*). As suggested by the Institute of Medicine, the regulation of tobacco products is an important component of a comprehensive national tobacco prevention and control strategy that will complement and strengthen the impact of traditional, evidence-based interventions (*4*).

¶ Family Smoking Prevention and Tobacco Control Act, Pub. L. No.111-31, 123 Stat 1776 (2009). Additional information available at http://www.gpo.gov/fdsys/pkg/PLAW-111publ31/content-detail.html.

TABLE 2. Percentage of high school students who were current cigarette users,* by sex, race/ethnicity, and grade — Youth Risk Behavior Survey, United States, 1991–2009†

Characteristic	1991 % (95% CI§)	1993 % (95% CI)	1995 % (95% CI)	1997 % (95% CI)	1999 % (95% CI)	2001 % (95% CI)	2003 % (95% CI)	2005 % (95% CI)	2007 % (95% CI)	2009 % (95% CI)
Sex										
Female¶	27.3 (23.9–31.0)	31.2 (29.1–33.4)	34.3 (31.0–37.7)	34.7 (31.8–37.6)	34.9 (32.3–37.7)	27.7 (25.6–30.0)	21.9 (19.2–24.9)	23.0 (20.4–25.8)	18.7 (16.5–21.1)	19.1 (17.2–21.0)
Male¶	27.6 (24.6–30.9)	29.8 (27.4–32.3)	35.4 (32.9–37.9)	37.7 (35.0–40.6)	34.7 (31.8–37.7)	29.2 (26.7–32.0)	21.8 (19.8–24.1)	22.9 (20.7–25.3)	21.3 (18.3–24.6)	19.8 (17.8–21.9)
Race/Ethnicity**										
White, non-Hispanic¶	30.9 (27.6–34.5)	33.7 (31.4–36.0)	38.3 (35.6–41.1)	39.7 (37.3–42.2)	38.6 (35.5–41.9)	31.9 (29.6–34.4)	24.9 (22.4–27.5)	25.9 (22.9–29.2)	23.2 (20.4–26.2)	22.5 (20.0–25.2)
Female¶	31.7 (27.1–36.7)	35.3 (32.6–38.0)	39.8 (36.3–43.5)	39.9 (36.6–43.2)	39.1 (35.4–42.9)	31.2 (28.7–33.7)	26.6 (23.0–30.5)	27.0 (23.4–31.0)	22.5 (19.6–25.7)	22.8 (20.3–25.5)
Male¶	30.2 (26.5–34.3)	32.2 (29.4–35.0)	37.0 (33.7–40.5)	39.6 (35.8–43.5)	38.2 (34.6–41.8)	32.7 (29.7–35.9)	23.3 (20.7–26.0)	24.9 (22.2–27.7)	23.8 (20.2–27.8)	22.3 (18.9–26.0)
Black, non-Hispanic¶	12.6 (10.2–15.5)	15.4 (12.9–18.2)	19.1 (16.1–22.6)	22.7 (19.0–26.8)	19.7 (15.8–24.3)	14.7 (12.0–17.9)	15.1 (12.4–18.2)	12.9 (11.1–14.8)	11.6 (9.5–14.1)	9.5 (8.2–11.1)
Female††	11.3 (9.2–13.9)	14.4 (11.9–17.4)	12.2 (9.3–15.7)	17.4 (13.8–21.7)	17.7 (14.4–21.7)	13.3 (10.1–17.2)	10.8 (8.2–14.2)	11.9 (10.2–13.8)	8.4 (6.6–10.6)	8.4 (6.5–10.9)
Male¶	14.1 (10.1–19.4)	16.3 (12.4–21.1)	27.8 (22.5–33.9)	28.2 (23.0–34.1)	21.8 (15.4–29.9)	16.3 (13.2–19.8)	19.3 (15.8–23.5)	14.0 (11.5–16.9)	14.9 (11.7–18.8)	10.7 (8.4–13.5)
Hispanic¶	25.3 (22.5–28.2)	28.7 (25.8–31.8)	34.0 (28.7–39.6)	34.0 (31.3–36.9)	32.7 (29.0–36.6)	26.6 (22.4–31.2)	18.4 (16.1–20.9)	22.0 (18.7–25.8)	16.7 (13.5–20.4)	18.0 (16.0–20.2)
Female¶	22.9 (19.2–27.1)	27.3 (23.5–31.5)	32.9 (27.4–39.0)	32.3 (28.6–36.2)	31.5 (26.8–36.5)	26.0 (22.3–30.0)	17.7 (15.6–19.9)	19.2 (16.4–22.5)	14.6 (11.3–18.8)	16.7 (14.4–19.2)
Male¶	27.8 (24.3–31.8)	30.2 (26.7–33.8)	34.9 (26.6–44.3)	35.5 (31.9–39.2)	34.0 (29.7–38.7)	27.2 (20.6–35.0)	19.1 (15.8–23.0)	24.8 (20.0–30.4)	18.7 (15.0–23.2)	19.4 (16.7–22.5)
School grade										
9th¶	23.2 (19.5–27.4)	27.8 (25.4–30.3)	31.2 (29.5–32.9)	33.4 (28.4–38.9)	27.6 (24.0–31.6)	23.9 (21.1–27.0)	17.4 (15.0–20.1)	19.7 (17.5–22.1)	14.3 (11.9–17.1)	13.5 (12.0–15.3)
10th¶	25.2 (22.5–28.1)	28.0 (24.7–31.6)	33.1 (29.3–37.1)	35.3 (31.2–39.7)	34.7 (32.2–37.2)	26.9 (23.8–30.3)	21.8 (19.0–24.9)	21.4 (18.4–24.8)	19.6 (16.7–22.8)	18.3 (15.9–21.0)
11th¶	31.6 (27.8–35.7)	31.1 (27.9–34.4)	35.9 (32.0–39.9)	36.6 (32.9–40.4)	36.0 (33.1–39.1)	29.8 (26.1–33.7)	23.6 (20.5–27.0)	24.3 (21.2–27.7)	21.6 (18.4–25.2)	22.3 (19.6–25.2)
12th¶	30.1 (25.7–34.8)	34.5 (30.7–38.5)	38.2 (34.6–41.9)	39.6 (34.7–44.6)	42.8 (37.2–48.5)	35.2 (31.1–39.5)	26.2 (23.4–29.3)	27.6 (24.0–31.5)	26.5 (22.5–30.8)	25.2 (22.5–28.1)

* Smoked cigarettes on at least 1 day during the 30 days before the survey.
† Linear, quadratic, and cubic trend analyses were conducted using a logistic regression model controlling for sex, race/ethnicity, and grade.
§ Confidence intervals.
¶ Significant linear, quadratic, and cubic effects were detected ($p<0.05$).
** Numbers for other racial/ethnic groups were too small for meaningful analysis.
†† Significant linear and quadratic effects only were detected ($p<0.05$).

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Progress Toward Poliomyelitis Eradication — Nigeria, January 2009–June 2010

Nigeria has maintained a high incidence of wild poliovirus (WPV) cases attributed to persistently high proportions of under- and unimmunized children, and, for many years, the country has served as a reservoir for substantial international spread (*1*). In 2008, Nigeria reported 798 polio cases, the highest number of any country in the world (*2*). This report provides an update on poliovirus epidemiology in Nigeria during the past 18 months, January 2009–June 2010, and describes activities planned to interrupt transmission. Reported WPV cases in Nigeria decreased to 388 during 2009 (24% of global cases), and WPV incidence in Nigeria reached an all-time low during January–June 2010, with only three reported cases. Cases of circulating type 2 vaccine-derived poliovirus (cVDPV2), which first occurred in Nigeria in 2005 (*3*), also declined, from 148 during the 12 months of 2009, to eight during the 6-month period, January–June 2010. One indicator of the effectiveness of immunization activities is the proportion of children with nonpolio acute flaccid paralysis (AFP) who never have received oral poliovirus vaccine (OPV). In seven high-incidence northern states of Nigeria, this proportion declined from 17.6% in 2008 to 10.7% in 2009. During 2009–2010, increased engagement of traditional, religious, and political leaders has improved community acceptance of vaccination and implementation of high-quality supplementary immunization activities (SIAs). Enhanced surveillance for polioviruses, further strengthened implementation of SIAs, and immediate immunization responses to newly identified WPV and cVDPV2 cases will be pivotal in interrupting WPV and cVDPV2 transmission in Nigeria.

Immunization Activities

Routine immunization against polio in Nigeria consists of trivalent OPV (tOPV, types 1, 2, and 3) at birth and at ages 6, 10, and 14 weeks. Immunization coverage is measured using both administrative data (estimated doses administered per targeted child population, determined by official census numbers) and coverage surveys. In 2009, using administrative data, national routine immunization coverage of children by age 12 months with three tOPV doses was 63% (range by state: 35%–90%) (*4*). Using coverage surveys, the estimated national coverage with three tOPV doses at 12–23 months was 39%, but lower in the northeast (28.6%) and northwest (24.3%) areas of Nigeria, including the seven high-incidence northern states (*5*).*

In addition to routine immunization, Nigeria conducts SIAs† for polio eradication using monovalent OPV type 1 (mOPV1), monovalent OPV type 3 (mOPV3), bivalent OPV types 1 and 3 (bOPV), or tOPV. Monovalent vaccines are more effective than tOPV in providing protection against the corresponding WPV serotype; bOPV is nearly equivalent to mOPV and superior to tOPV in producing seroconversion to WPV1 and WPV3 (*6*). Three national SIAs were conducted in 2009, using mOPV3, mOPV1, and tOPV. Five subnational SIAs were conducted in 2009, each using mOPV1, mOPV3, tOPV, or both mOPV1 and mOPV3. During January–June 2010, two national SIAs were conducted, one with bOPV and one with tOPV; bOPV, mOPV1, and mOPV3 were used in three subnational SIAs (Figure 1).

Vaccination histories of children with nonpolio AFP are used to estimate OPV coverage among the population of children aged 6–59 months. The proportion of children with nonpolio AFP reported to have never received an OPV dose (zero-dose children) from the seven high-incidence northern states declined from 17.6% in 2008 to 10.7% in 2009 (range: 0%–17.0%), with the highest proportions occurring in Zamfara and Kano states (Table). In contrast, the proportion of reported zero-dose children was 2.2% in 13 other northern states and 1.8% in 17 southern states in 2009. The proportion of children with nonpolio AFP reported to have received ≥4 OPV doses was 37.4% in the seven high-incidence northern states and 60.8% for the entire country.

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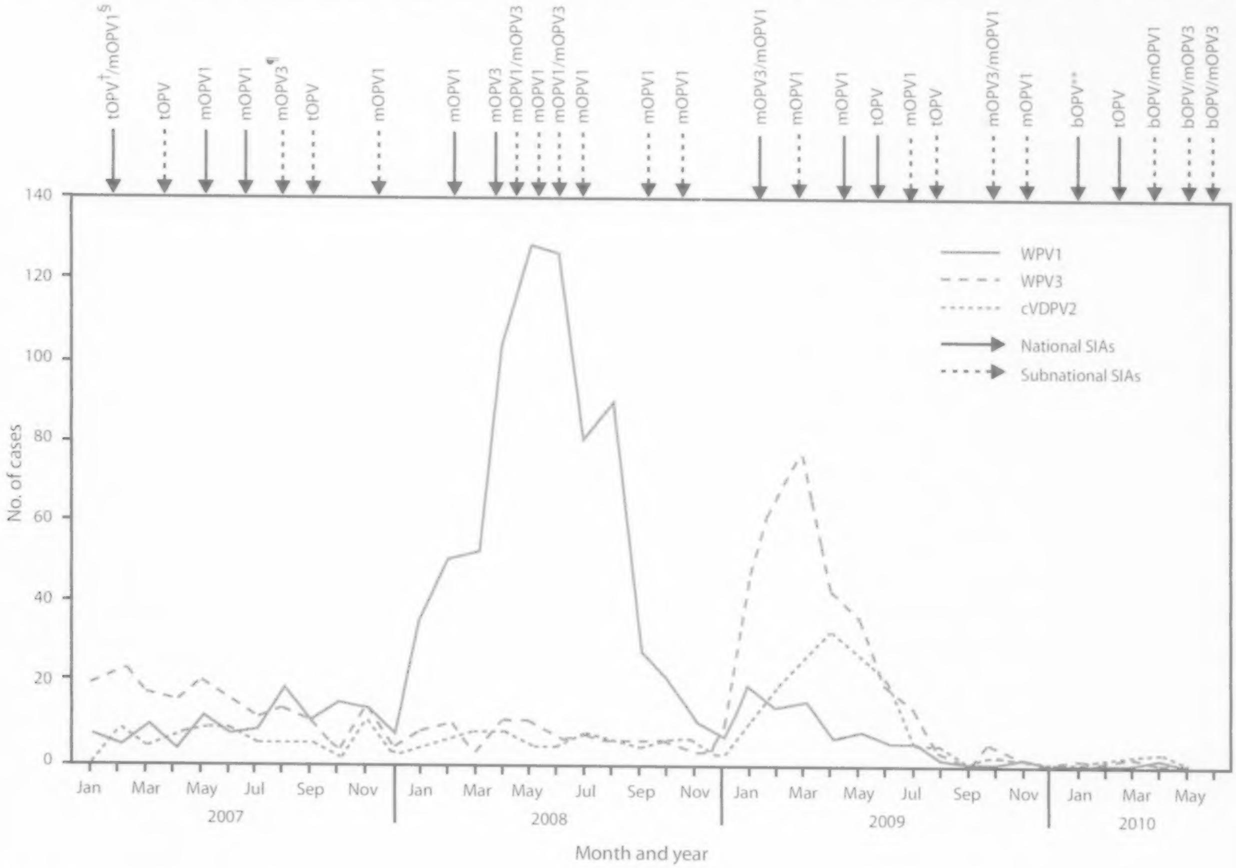
* For this report, high-incidence northern states are defined as states with ≥0.8 confirmed WPV cases per 100,000 population during 2008. They are Bauchi, Jigawa, Kaduna, Kano, Katsina, Yobe, and Zamfara.

† Mass campaigns conducted during a short period (days to weeks) during which a dose of OPV is administered to all children aged <5 years, regardless of previous vaccination history. Campaigns can be conducted nationally or in portions of the country (i.e., subnational SIAs).

FIGURE 1. Number of laboratory-confirmed cases, by wild poliovirus (WPV) type or circulating vaccine-derived poliovirus type 2 (cVDPV2) and month of onset, type of supplementary immunization activity (SIA),* and type of vaccine administered — Nigeria, January 2007–June 2010



* Mass campaign conducted during a short period (days to weeks) during which a dose of oral poliovirus vaccine (OPV) is administered to all children aged <5 years, regardless of previous vaccination history. Campaigns can be conducted nationally or in portions of the country.
† Trivalent OPV.
§ Monovalent OPV type 1.
¶ Monovalent OPV type 3.
** Bivalent OPV.

AFP Surveillance

AFP surveillance is monitored using World Health Organization (WHO) targets for case detection and adequate stool specimen collection.§ The national annualized nonpolio AFP detection rate among children aged <15 years was 8.2 per 100,000 during January–March 2009 and 9.0 per 100,000 during January–March 2010. Nonpolio AFP detection rates meeting the WHO target were achieved in all 37 Nigerian states during January–December 2009 and in all but one state (Plateau) during January–March 2010.

The WHO adequate stool specimen target was reached in all 37 states and in 683 (88%) of 776 local government areas (LGAs) during January–December 2009, and in 36 states and 557 (72%) LGAs during

§ AFP cases in children aged <15 years and suspected poliomyelitis in persons of any age are reported and investigated, with laboratory testing, as possible polio. WHO operational targets for countries at high risk for poliovirus transmission are a nonpolio AFP rate of at least two cases per 100,000 population aged <15 years at each subnational level and adequate stool specimen collection for >80% of AFP cases (i.e., two specimens collected at least 24 hours apart, both within 14 days of paralysis onset, and shipped on ice or frozen ice packs to a WHO-accredited laboratory and arriving at the laboratory in good condition).

TABLE. Number and percentage of nonpolio acute flaccid paralysis (AFP) reported cases among children aged 6–59 months with zero doses,* 1–3 doses, and ≥4 doses of oral polio vaccine (OPV) — Nigeria, 2008–2009

	2008							2009						
	No. of nonpolio AFP cases	Zero doses		1–3 doses		≥4 doses		No. of nonpolio AFP cases	Zero doses		1–3 doses		≥4 doses	
Region/State		No.	(%)	No.	(%)	No.	(%)		No.	(%)	No.	(%)	No.	(%)
High-incidence northern states†	1,172	206	(17.6)	638	(54.4)	302	(25.8)	1,068	114	(10.7)	542	(50.7)	399	(37.4)
Bauchi	96	13	(13.5)	46	(47.9)	36	(37.5)	78	0	(0.0)	23	(29.5)	55	(70.5)
Jigawa	99	5	(5.1)	69	(69.7)	25	(25.3)	90	4	(4.4)	40	(44.4)	46	(51.1)
Kaduna	140	26	(18.6)	50	(35.7)	64	(45.7)	121	6	(5.0)	45	(37.2)	70	(57.9)
Kano	382	104	(27.2)	184	(48.2)	73	(19.1)	358	61	(17.0)	192	(53.6)	95	(26.5)
Katsina	197	32	(16.2)	111	(56.3)	52	(26.4)	153	14	(9.2)	80	(52.3)	57	(37.3)
Yobe	98	2	(2.0)	67	(68.4)	27	(27.6)	139	10	(7.2)	77	(55.4)	51	(36.7)
Zamfara	160	24	(15.0)	111	(69.4)	25	(15.6)	129	19	(14.7)	85	(65.9)	25	(19.4)
Other northern states§	1,233	58	(4.7)	386	(31.3)	778	(63.1)	1,378	30	(2.2)	380	(27.6)	965	(70.3)
Southern states¶	1,301	26	(2.0)	391	(30.1)	874	(67.2)	1,369	25	(1.8)	375	(27.4)	955	(69.8)
Total	3,706	290	(7.8)	1,415	(38.2)	1,954	(52.7)	3,815	169	(4.4)	1,297	(34.0)	2,319	(60.8)

* Children who have never received an OPV dose, as reported by caregiver.
† High-incidence states had ≥0.8 confirmed wild poliovirus cases per 100,000 population during 2008.
§ Adamawa, Benue, Borno, Federal Capital Territory, Gombe, Kebbi, Kegi, Kwara, Nasarawa, Niger, Plateau, Sokoto, and Taraba.
¶ Abia, Akwa Ibom, Anambra, Bayelsa, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, Imo, Lagos, Ogun, Ondo, Osun, Oyo, and Rivers.

January–March 2010. The proportion of LGAs meeting both surveillance indicators (nonpolio AFP detection rate meeting the target and adequate stool specimen collection rate) rose from 78% in 2008 to 86% in 2009.

WPV and cVDPV Incidence

Reported WPV type 1 (WPV1) cases declined from 67 during January–June 2009 to seven during July–December 2009, and to one case during January–June 2010 (provisional data, as of July 5, 2010) (Figure 2). Of the 75 WPV1 cases reported during the entire 18-month period, January 2009–June 2010, seven (9%) occurred in the seven high-incidence northern states, 33 (44%) in other northern states, and 35 (47%) in southern states. The number of LGAs with WPV1 cases declined from 49 during January–June 2009 to one during January–June 2010 (Figure 2). Reported WPV type 3 (WPV3) cases declined from 290 during January–June 2009 to 24 during July–December 2009, and to two during January–June 2010. Only three cases of WPV have been reported during the first 6 months of 2010. Among 316 WPV3 cases reported from January 2009–June 2010, 240 (76%) occurred in the high-incidence northern states, 75 (24%) in other northern states, and one (<1%) in southern states. The number of LGAs with WPV3 cases declined from 147 in January–June 2009 to two during January–June, 2010 (Figure 2). Of 391 WPV cases reported with onset during January 2009–June 2010, 270 (69%) occurred in children aged <3 years, 266 (68%) were in children reported to have received <4 OPV doses, and 66 (17%) were in zero-dose children. The number of cVDPV2 cases declined from 137 during January–June 2009 to 11 during July–December 2009, and to eight during January–June 2010.

All WPV isolates undergo partial genomic sequencing to determine genetic relatedness. Each 1% difference between two isolates correlates with approximately 1 year of undetected circulation between the specific chains of transmission. Differences greater than 1.5% indicate potential quality issues for surveillance. Three of the seven WPV1 isolates from July–December 2009 cases and the one WPV1 isolate from 2010 exhibited >1.5% divergence from the closest predecessor. Similarly, nine of the 24 (38%) WPV3 isolates from July–December 2009 and both 2010 WPV3 exhibited ≥1.5% divergence.

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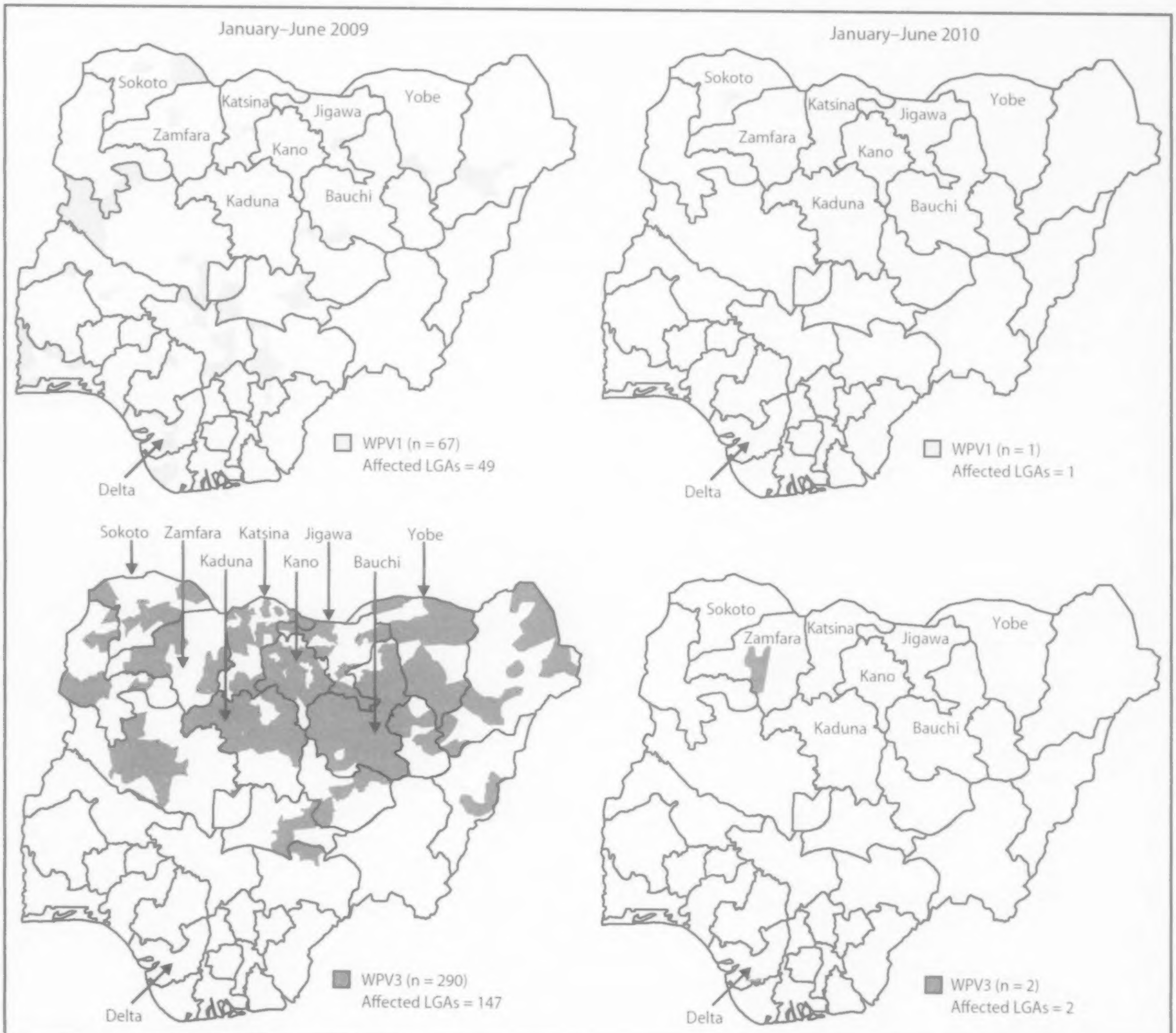
National Primary Health Care Development Agency and Federal Ministry of Health; Country Office of the World Health Organization, Abuja; Poliovirus Laboratory, Univ of Ibadan, Ibadan; Poliovirus Laboratory, Univ of Maiduguri Teaching Hospital, Maiduguri, Nigeria. African Regional Polio Reference Laboratory, National Institute for Communicable Diseases, Johannesburg, South Africa. Vaccine Preventable Diseases, World Health Organization Regional Office for Africa, Brazzaville, Congo. Polio Eradication Dept, World Health Organization, Geneva, Switzerland. Div of Viral Dis-

FIGURE 2. Local government areas (LGAs) with laboratory-confirmed cases of wild poliovirus type 1 (WPV1) and type 3 (WPV3) — Nigeria, January–June 2009 and January–June 2010*



* During 2008, Bauchi, Jigawa, Kaduna, Kano, Katsina, Yobe, and Zamfara had ≥0.8 confirmed WPV cases per 100,000 population and were defined as high-incidence northern states. During January–June 2010, confirmed WPV1 in Nigeria occurred only in Sokoto, and WPV3 occurred only in Delta and Zamfara.

What is already known on this topic?

In 2008, 798 cases of wild poliovirus (WPV) (48% of global cases) were reported in Nigeria, one of four remaining countries (including India, Pakistan, and Afghanistan) that have never eliminated WPV transmission of both serotypes 1 and 3.

What is added by this report?

From 2008 to 2009, cases of WPV in Nigeria declined substantially (from 798 cases to 388), now accounting for <1% of reported global WPV cases, and during the first 6 months of 2010, only three WPV cases were reported. Among children with nonpolio acute flaccid paralysis, the decline from 17.6% in 2008 to 10.7% in 2009 of zero-dose children in high-incidence northern states indicates that population immunity might be steadily increasing in areas that traditionally have been responsible for extensive WPV transmission.

What are the implications for public health practice?

With sustained support of traditional, religious, and political leaders to improve implementation of polio vaccination activities and to improve surveillance for polio cases, Nigeria has the potential to eliminate WPV transmission in the near future.

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Editorial Note

Since 2003, Nigeria has served as the major reservoir for WPV1 and WPV3 circulation in West Africa and Central Africa (*7*). Over the past 8 years, WPV of Nigerian origin has been imported into 26 countries in Africa, the Middle East, and Asia, and has led to reestablished transmission (>12 months) in Chad and Sudan.

Factors related to high WPV incidence in Nigeria during the last decade have included loss of public confidence in OPV during 2003–2004 (*8*), long-standing insufficiencies in health infrastructure resulting in low routine vaccination coverage, and poorly implemented SIAs that have failed to reach >80% of children in high-risk states. With substantial reductions in WPV1, WPV3, and cVDPV2 cases during January–June 2010 compared with the same period in 2009, Nigeria has shown substantial progress, suggesting improvements in vaccine coverage with high-quality SIAs. The increased engagement of traditional, religious, and political leadership at the federal, state, and local levels has been instrumental in improving vaccine acceptance and SIA implementation. If this progress can be sustained throughout the upcoming season (July–September), during which WPV transmission is traditionally high, WPV transmission in Nigeria could be disrupted in the near future. Progress elsewhere, including successful implementation of synchronized SIAs in West Africa and Central Africa to stem regional WPV circulation, would remove a potential threat of reimportation into Nigeria and ultimately lead to a polio-free Africa. However, multiple challenges must be overcome to sustain the gains in Nigeria.

Within the seven high-incidence northern states, a high proportion of children remain at risk as a result of low routine immunization coverage and high birth rates. This report indicates that, during 2008–2009, a substantial drop occurred in the proportion of children with nonpolio AFP who had received no doses of vaccine (i.e., from 17.6% in 2008 to 10.7% in 2009) in the seven high-incidence states. However, even with this decrease, in 2009, a majority of such children (50.7%) remained undervaccinated with 1–3 doses of OPV. Until the proportion of children vaccinated with ≥4 doses is >80% and the proportion of zero-dose children is <10% in each state, the risk remains that WPV transmission will continue (*9*).

The quality of SIA implementation remains variable and highly dependent on LGA commitment and resources, including timely disbursement of funds in support of SIAs. Successful implementation of SIAs planned for the remainder of 2010 will require ongoing engagement of LGA leadership and supervision, with close monitoring of performance indicators at the LGA, state, and federal levels. Since emerging in 2005–2006, cVDPV2 continues to circulate in northern Nigeria. Continued use of high-quality SIAs with tOPV will be needed to further control and eliminate cVDPV2 transmission, while routine immunization services are strengthened. Any new WPV case should trigger rapid, type-specific vaccination responses ("mop-up" SIAs).

Genomic sequence analysis indicates that some chains of WPV transmission during 2009–2010 have not been detected for more than a year, suggesting limitations in surveillance quality despite AFP surveillance performance indicators meeting or

exceeding targets at national and virtually all state levels. Surveillance gaps might be occurring among specific subpopulations such as migrants in northern Nigeria, including Fulani nomads, who have limited access to immunization activities and health-care providers. Further efforts to enhance and supplement AFP surveillance to detect WPV and cVDPV should include seeking reports from nontraditional healers, testing waste water for polioviruses, and identifying and improving surveillance in LGAs not meeting performance criteria.

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Vital Signs: Colorectal Cancer Screening Among Adults Aged 50–75 Years — United States, 2008

On July 6, this report was posted as an MMWR *Early Release on the* MMWR *website (http://www.cdc.gov/mmwr).*

ABSTRACT

Background: Colorectal cancer (CRC) remains the second leading cause of cancer deaths in the United States and the leading cause of cancer deaths among nonsmokers. Statistical modeling indicates that, if current trends in health behaviors, screening, and treatment continue, U.S. residents can expect to see a 36% decrease in the CRC mortality rate by 2020, compared with 2000.

Methods: Every 2 years, CDC uses Behavioral Risk Factor Surveillance System data to estimate up-to-date CRC screening prevalence in the United States. Adults aged ≥50 years were considered to be up-to-date with CRC screening if they reported having a fecal occult blood test (FOBT) within the past year or lower endoscopy (i.e., sigmoidoscopy or colonoscopy) within the preceding 10 years. Prevalence was calculated for adults aged 50–75 years based on current U.S. Preventive Services Task Force recommendations.

Results: For 2008, the overall age-adjusted CRC screening prevalence for the United States was 62.9% among adult respondents aged 50–75 years, increased from 51.9% in 2002. Among the lowest screening prevalences were those reported by persons aged 50–59 years (53.9%), Hispanics (49.8%), persons with lower income (47.6%), those with less than a high school education (46.1%), and those without health insurance (35.6%).

Conclusions: CRC screening rates continue to increase in the United States. Underscreening persists for certain racial/ethnic groups, lower socioeconomic groups, and the uninsured.

Implications for Public Health Practice: Health reform is anticipated to reduce financial barriers to CRC screening, but many factors influence CRC screening. The public health and medical communities should use methods, including client and provider reminders, to ensure test completion and receipt of follow-up care. Public health surveillance should be expanded and communication efforts enhanced to help the public understand the benefits of CRC screening.

Despite recent declines in both incidence and mortality, colorectal cancer (CRC) remains the second most common cause of cancer deaths after lung cancer in the United States (*1*) and the leading cause of cancer deaths among nonsmokers. In 2006 (the most recent data available), 139,127 people were diagnosed with colorectal cancer, and 53,196 people died (*1*). Screening for colorectal cancer is effective in reducing incidence and mortality by removal of premalignant polyps and through early detection and treatment of cancer (*2*). CRC screening prevalence has improved over the past decade (*3*); however, in 2006, approximately 30% of eligible U.S. residents had never been screened for CRC (*3*). This Vital Signs report updates screening prevalence in the United States using data from the 2008 Behavioral Risk Factor Surveillance System (BRFSS) survey for persons aged 50–75 years, based on recommendations for up-to-date CRC screening from the U.S. Preventive Services Task Force (USPSTF) (*4*).

CDC Vital Signs is a new series of MMWR reports that will announce the latest results for key public health indicators.

Methods

BRFSS is a state-based, random-digit dialed telephone survey of the civilian, noninstitutionalized adult population that collects information on

health risk behaviors, preventive health practices, and health-care access in the United States (5). Every 2 years (in even numbered years), respondents aged ≥50 years are asked whether they have ever used a "special kit at home to determine whether the stool contains blood (fecal occult blood test [FOBT])," whether they have ever had a "tube inserted into the rectum to view the colon for signs of cancer or other health problems (sigmoidoscopy or colonoscopy)," and when these tests were last performed. CDC calculated the prevalence of adults who reported having had an FOBT within the past year or lower endoscopy (i.e., sigmoidoscopy or colonoscopy) within the preceding 10 years, as was done in previous reports (3). Based on the U.S. Preventive Services Task Force recommended screening age, this analysis was restricted to persons aged 50–75 years (4). Data were aggregated across all 50 states and the District of Columbia. Respondents who refused to answer, had a missing answer, or who answered "don't know/not sure" were excluded from analysis of the question.

The median Council of American Survey and Research Organizations (CASRO) response rate was 53.3%, and the median CASRO cooperation rate was 75.0% (5). Data were weighted to the age, sex, and racial/ethnic distribution of each state's adult population using intercensal estimates and were age-standardized to the 2008 BRFSS population.

Results

The 2008 BRFSS survey was administered to 414,509 respondents, of whom 201,157 were aged 50–75 years. The overall, age-adjusted combined up-to-date CRC screening (FOBT and lower endoscopy) prevalence for the United States was 62.9% among adult respondents aged 50–75 years (Table). Among the lowest screening prevalences were those reported by persons aged 50–59 years (53.9%), Hispanics (49.8%), persons with lower income (47.6%), those with less than a high school education (46.1%), and those without health insurance (35.6%). Similar patterns were noted for FOBT in the preceding year and for lower endoscopy in the preceding 10 years. The percentage of persons up-to-date with CRC screening ranged from 53.2% in Oklahoma to 74.1% in Massachusetts (Figure 1). States with the highest screening prevalence were concentrated in the northeastern United States. CRC screening increased from 51.9% in 2002 to 62.9% in 2008 (Figure 2). During that period, use of endoscopy increased, while FOBT use declined from 20.9% of CRC screening in 2002 to 14.1% in 2008.

Key Points for the Public

- Over 53,000 U.S. residents die each year from colorectal cancer.
- 1,900 deaths could be prevented each year for every 10% increase in colonoscopy screening.
- Only 36% of men and women without health insurance are up-to-date with colorectal cancer screening.
- Additional information is available at http://www.cdc.gov/vitalsigns.

Conclusions and Comment

The results in this Vital Signs report indicate that the prevalence of up-to-date CRC screening in the United States is continuing to increase. An increase (from 38% in 2000 to 53% in 2008) also has been reported using National Health Interview Survey data (6). However, in 2008, certain populations in the United States remained underscreened, including those with lower socioeconomic status, Hispanics, and those without health insurance. Multiple factors might explain these differences, including patient education and income, as well as provider and clinical systems factors. As in previous surveys, the 2008 survey indicated notable geographic differences in CRC screening prevalence. The reasons for these geographic differences remain unknown, but screening capacity, lack of physician availability, and patient factors including income, education, and lack of awareness have been proposed as reasons (6).

CRC screening rates continue to increase in the United States. Additional improvements in screening prevalence might have substantive impact on CRC mortality. Statistical modeling indicates that, if current trends in health behaviors, screening, and treatment continue, U.S. residents can expect to see a 36% decrease in the CRC mortality rate by 2020, compared with 2000 (7).

Insufficient evidence exists to recommend "one best" test for CRC screening. Several proven, effective tests exist and are recommended by USPSTF, including annual FOBT, sigmoidoscopy every 5 years,

TABLE. Percentage of respondents aged 50–75 years who reported receiving a fecal occult blood test (FOBT) within 1 year, or a lower endoscopy* within 10 years, by selected characteristices — Behavioral Risk Factor Surveillance System (BRFSS), United States, 2008†

Characteristic	FOBT within 1 yr		Lower endoscopy within 10 yrs		FOBT within 1 yr or lower endoscopy within 10 yrs	
	%	(95% CI§)	%	(95% CI)	%	(95% CI)
Overall	14.1	(13.8–14.4)	58.5	(58.1–59.0)	62.9	(62.5–63.3)
Age group (yrs)						
50–59	11.0	(10.6–11.4)	49.7	(49.0–50.3)	53.9	(53.3–54.5)
60–69	17.0	(16.5–17.6)	66.7	(66.0–67.3)	71.1	(70.5–71.7)
70–75	18.2	(17.4–19.1)	71.4	(70.4–72.3)	75.8	(74.8–76.7)
Sex						
Men	14.6	(14.2–15.1)	59.0	(58.4–59.7)	63.2	(62.6–63.9)
Women	13.6	(13.2–13.9)	58.1	(57.6–58.6)	62.6	(62.0–63.1)
Race						
White	13.8	(13.5–14.1)	59.8	(59.4–60.2)	63.9	(63.5–64.4)
Black	17.2	(16.0–18.6)	56.6	(55.0–58.2)	62.0	(60.5–63.6)
Asian/Pacific Islander	13.5	(11.0–16.6)	51.1	(47.2–55.0)	55.5	(51.6–59.4)
American Indian/Alaska Native	15.1	(12.3–18.3)	50.7	(46.7–54.6)	54.4	(50.4–58.4)
Other	11.8	(9.7–14.1)	43.7	(40.6–46.9)	49.3	(46.1–52.6)
Ethnicity						
Hispanic	12.0	(10.5–13.7)	45.8	(43.6–48.0)	49.8	(47.6–52.0)
Non-Hispanic	14.3	(14.0–14.6)	59.8	(59.4–60.2)	64.2	(63.8–64.6)
Education level						
< High school	11.3	(10.4–12.3)	41.8	(40.1–43.5)	46.1	(44.4–47.8)
High school graduate/GED¶	13.3	(12.8–13.8)	53.3	(52.5–54.0)	58.1	(57.3–58.8)
Some college/tech school	15.0	(14.4–15.6)	59.2	(58.4–60.0)	63.7	(63.0–64.5)
College graduate	14.9	(14.3–15.4)	66.9	(66.3–67.6)	70.6	(70.0–71.3)
Annual household income ($)						
<15,000	11.8	(10.8–12.8)	42.3	(40.7–43.9)	47.6	(46.0–49.3)
15,000–34,999	13.9	(13.2–14.6)	48.9	(48.0–49.8)	54.0	(53.0–54.9)
35,000–49,999	13.7	(13.0–14.4)	57.1	(56.0–58.1)	61.3	(60.2–62.3)
50,000–74,999	14.1	(13.4–14.9)	62.7	(61.7–63.7)	66.5	(65.5–67.4)
≥75,000	15.0	(14.4–15.6)	69.4	(68.6–70.1)	72.9	(72.2–73.6)
Health insurance						
Yes	14.6	(14.3–14.9)	61.3	(60.9–61.8)	65.7	(65.3–66.1)
No	8.9	(7.9–10.1)	31.3	(29.2–33.5)	35.6	(33.4–37.9)

* Sigmoidoscopy or colonoscopy.
† Percentages standardized to the age distribution in the 2008 BRFSS survey.
§ Confidence interval.
¶ General Educational Development certificate.

and colonoscopy every 10 years (*4*). In addition to maximizing prevalence of CRC screening to reduce morbidity and mortality, ensuring proper follow-up of abnormal results is important to maximize the benefits of screening (*4*).

The findings in this report are subject to at least three limitations. First, because BRFSS is a telephone survey of residential households, only adults in households with landline telephones are represented; therefore, the results might not be representative of the U.S. population. Evidence suggests that adults living in wireless-only households tend to be younger and have lower incomes, and are more likely to be members of minority populations, which might result in either underestimates or overestimates. Second, responses are self-reported and not confirmed by review of medical records. Finally, the survey response rate was low, which increases the risk for response bias.

Policy changes in the Patient Protection and Affordable Care Act are expected to remove financial barriers to CRC screening by expanding insurance coverage and eliminating cost sharing in Medicare and private plans, but additional barriers remain (*8*). Evidence-based, systems-change interventions, including client and provider reminders to ensure test completion and receipt of follow-up care, have been shown by the *Guide to Community Preventive Services** to increase CRC screening; however, these approaches have not been widely adopted in clinical

* Additional information available at http://www.thecommunityguide.org/index.html.

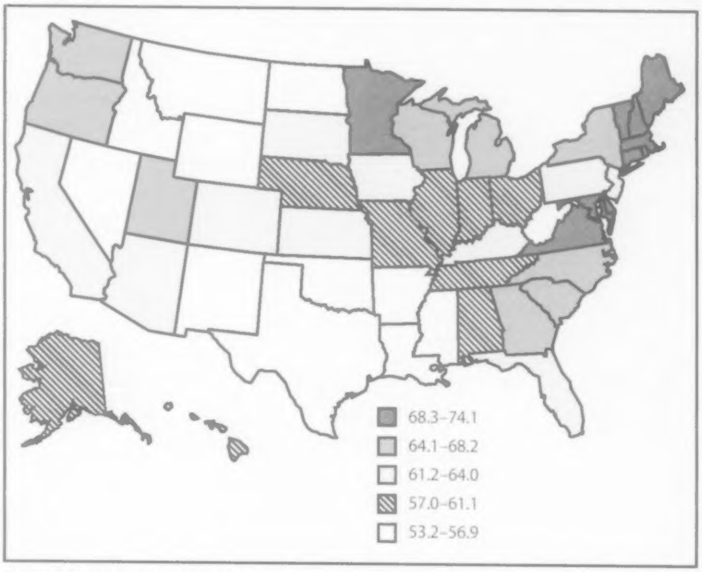
practice. Physician recommendation remains an important but underutilized facilitator of CRC screening. Improving cancer screening benchmarks in clinical practice should be a high priority for new patient-care improvement models such as the patient-centered medical home (*9*). Case management approaches such as patient navigation models to maximize patient participation and ensure adequate follow-up also appear promising (*10*). Utah has used multiple approaches to improve its CRC screening prevalence. Reported use of CRC endoscopy increased from 32.1% in 1999 to 51.9% in 2005 through the use of small media (e.g., videos, letters, brochures, and flyers) and large media campaigns and by providing CRC screening tests (mainly FOBT) for those who could not afford it.[†]

CDC's CRC screening program, funded in 2009, places emphasis on population-based approaches to increase CRC screening.[§] The program is based on the recommendations of the *Guide to Community Preventive Services*, which has identified evidence-based interventions to increase cancer screening in communities by targeting providers and the general population. Full implementation of these recommendations, including a focus on reaching disadvantaged populations, can achieve the goal of more complete population coverage.

Surveillance of cancer screening and diagnostic activities currently is limited to population surveys and is only collected every other year by BRFSS. Additional surveillance efforts might guide population-based outreach, identify and target unscreened populations, and ensure adequate follow-up (*10*). CDC and state and local health departments should develop and monitor centralized population-based registries of persons eligible for screening, provide appropriate outreach, and ensure adequate follow-up. These registries could be developed to track and promote screening awareness and subsequent utilization through communication media (e.g., telephone, mail, or electronic reminders) or use of peer outreach. Registries of underserved populations, including Medicaid enrollees and those without a regular provider, could be used to promote screening among persons in vulnerable populations at greater risk.

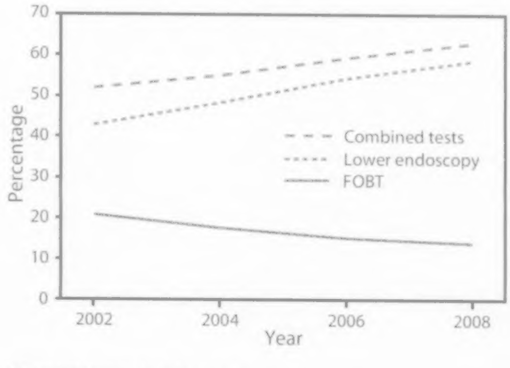
[†] Additional information available at http://health.utah.gov/ucan/partners/pub/pdfs/utahcancerplan080206.pdf.
[§] Available at http://www.cdc.gov/cancer/crccp.

FIGURE 1. Percentage of respondents aged 50–75 years who reported receiving a fecal occult blood test (FOBT) within 1 year or a lower endoscopy* within 10 years, by state — Behavioral Risk Factor Surveillance System (BRFSS), United States, 2008[†]



* Sigmoidoscopy or colonoscopy.
[†] Percentages standardized to the age distribution in the 2008 BRFSS survey.

FIGURE 2. Percentage of respondents aged 50–75 years who reported receiving a fecal occult blood test (FOBT) within 1 year or a lower endoscopy* within 10 years — Behavioral Risk Factor Surveillance System (BRFSS), United States, 2002, 2004, 2006, and 2008[†]



* Sigmoidoscopy or colonoscopy.
[†] Percentages standardized to the age distribution in the 2008 BRFSS survey.

Reported by

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Vital Signs: Breast Cancer Screening Among Women Aged 50–74 Years — United States, 2008

On July 6, this report was posted as an MMWR *Early Release on the* MMWR *website (http://www.cdc.gov/mmwr).*

ABSTRACT

Background: Breast cancer remains the second leading cause of cancer deaths for women in the United States. Screening with treatment has lowered breast cancer mortality.

Methods: Every 2 years, CDC uses Behavioral Risk Factor Surveillance System data to estimate mammography prevalence in the United States. Up-to-date mammography prevalence is calculated for women aged 50–74 years who report they had the test in the preceding 2 years.

Results: For 2008, overall, age-adjusted, up-to-date mammography prevalence for U.S. women aged 50–74 years was 81.1%, compared with 81.5% in 2006. Among the lowest prevalences reported were those by women aged 50–59 years (79.9%), persons who did not finish high school (72.6%), American Indian/Alaska Natives (70.4%), those with annual household income <$15,000 (69.4%), and those without health insurance (56.3%). Highest mammography prevalence was among residents of the northeastern United States.

Conclusions: In recent years, mammography rates have plateaued. Critical gaps in screening remain for certain racial/ethnic groups and lower socioeconomic groups, and for the uninsured.

Implications for Public Health Practice: Health-care reform is likely to increase access by increasing insurance coverage and by reducing out-of-pocket costs for mammography screening. Widespread implementation of evidence-based interventions also will be needed to increase screening rates. These include patient and provider reminders to schedule a mammogram, use of small media (e.g., videos, letters, brochures, and flyers), one-on-one education of women, and reduction of structural barriers (e.g., more convenient hours and attention to language, health literacy, and cultural factors).

Breast cancer remains the most commonly diagnosed cancer and the second leading cause of cancer deaths among women in the United States. In 2006 (the most recent data available), approximately 191,410 women were diagnosed with invasive breast cancer, and 40,820 women died (*1*). The incidence and mortality have been declining since 1996 at a rate of approximately 2% per year (*2*), possibly as a result of widespread screening with mammography and the development of more effective therapies (*3*). Mammography use declined slightly in 2004, but rose again in 2006 (*4,5*). This Vital Signs report updates mammography screening prevalence in the United States, using data from the 2008 Behavioral Risk Factor Surveillance System (BRFSS).

Methods

BRFSS is a state-based, random-digit-dialed telephone survey of the civilian, noninstitutionalized adult population that collects information on health risk behaviors, preventive health practices, and health-care access in the United States (*6*). Every 2 years (even numbered years), adult female respondents are asked whether they have ever had a mammogram. Respondents who answer "yes" are then asked how long it has been since their last mammogram. For this report, breast cancer screening prevalence was calculated for women aged 50–74 years based on United States Preventive Services Task Force (USPSTF) recommendations, which considers women to be up-to-date if they received a mammogram in the preceding 2 years (*7*). Respondents who refused to answer, had

a missing answer, or answered "don't know/not sure" were excluded.

The median Council of American Survey and Research Organizations (CASRO) response rate was 53.3%, and the median CASRO cooperation rate was 75.0% (*6*). Data were weighted to the age, sex, and racial and ethnic distribution of each state's adult population using intercensal estimates and were age-standardized to the 2008 BRFSS female population.

Results

In 2008, the BRFSS survey was administered to 414,509 respondents, of whom 120,095 were women aged 50–74 years. The age-adjusted prevalence of up-to-date mammography for women overall in the United States was 81.1% (Table). Among the lowest prevalences reported were those by women aged 50–59 years (79.9%), persons who did not finish high school (72.6%), American Indian/Alaska Natives (70.4%), those with annual household income <$15,000 (69.4%), and those without health insurance (56.3%). Mammography screening prevalence varied by state, with the highest mammography use in the northeastern United States. Among states, screening prevalence ranged from 72.1% in Nevada to 89.8% in Massachusetts (Figure 1). Nationally, up-to-date mammography screening increased from 77.5% in 1997 to 81.1% in 2008 (Figure 2).

TABLE. Percentage of women aged 50–74 years who reported receiving up-to-date* mammography, by selected characteristics — Behavioral Risk Factor Surveillance System (BRFSS), United States, 2008†

Characteristic	No.	%	(95% CI§)
Total	**117,450**	**81.1**	**(80.7–81.6)**
Age group (yrs)			
50–59	52,421	79.9	(79.2–80.5)
60–69	46,711	82.4	(81.8–83.0)
70–74	18,318	82.7	(81.7–83.7)
Race			
White	101,245	81.4	(81.0–81.8)
Black	9,805	82.1	(80.5–83.7)
Asian/Pacific Islander	1,665	80.4	(75.9–84.3)
American Indian/ Alaska Native	1,736	70.4	(65.6–74.7)
Other	2,257	77.0	(73.4–80.3)
Ethnicity			
Hispanic	4,886	81.4	(79.1–83.4)
Non-Hispanic	112,115	81.1	(80.7–81.5)
Education level			
<High school	10,323	72.6	(70.6–74.5)
High school graduate/GED¶	37,975	78.6	(77.8–79.3)
Some college/tech school	32,819	81.1	(80.3–81.8)
College graduate	36,177	86.2	(85.5–86.8)
Annual household income ($)			
<15,000	12,744	69.4	(67.6–71.1)
15,000–34,999	31,678	74.2	(73.2–75.3)
35,000–49,999	16,382	82.0	(80.8–83.0)
50,000–74,999	17,098	84.8	(83.9–85.8)
≥75,000	23,059	87.9	(87.1–88.7)
Health insurance			
Yes	107,780	83.8	(83.4–84.2)
No	9,536	56.3	(53.2–59.5)

* Within the preceding 2 years.
† Percentages standardized to the age distribution in the 2008 BRFSS survey.
§ Confidence interval.
¶ General Eduction Development certificate.

Conclusions and Comment

After mammography was shown to be effective in lowering morbidity and mortality from breast cancer in the early 1990s, it was adopted rapidly for the early detection of breast cancer (*3*). However, as this Vital Signs report confirms, mammography utilization has leveled off in the last decade (*4,5*). Other population-based surveys have shown a similar plateau in rates. Results from the 2008 National Health Interview Survey indicate comparable mammography screening for women aged 50–64 and 65–74 years (74.2% and 72.6%, respectively)(*4*).

In 2000, the U.S. Department of Health and Human Services set a *Healthy People 2010* target to increase to 70% the proportion of women aged >40 years who had a mammogram within the past 2 years.* The target was met in 2003 and exceeded by 11 percentage points in 2008. Nonetheless, approximately 7 million eligible women in the United States are not being screened regularly, and they remain at greater risk of death from breast cancer. One recent report estimated that as many as 560 breast cancer deaths could be prevented each year with each 5% increase in mammography (*8*). One successful program that reaches out to minority, low income, uninsured women is the National Breast and Cervical Cancer Early Detection Program.† The program has provided high quality screening, diagnostic and treatment services for the past 20 years.

Mammography utilization is influenced by multiple factors, including patient and provider characteristics, health-care norms, and access to and availability of health-care services. Similar to previous

* Additional information available at http://www.healthypeople.gov.
† Additional information available at http://www.cdc.gov/cancer/nbccedp.

Key Points for the Public

- One in five women aged 50–74 is not up-to-date with mammograms.
- Over 40,000 U.S. women die each year from breast cancer.
- 560 deaths can be prevented each year for each 5% increase in mammography.
- Additional information is available at http://www.cdc.gov/vitalsigns.

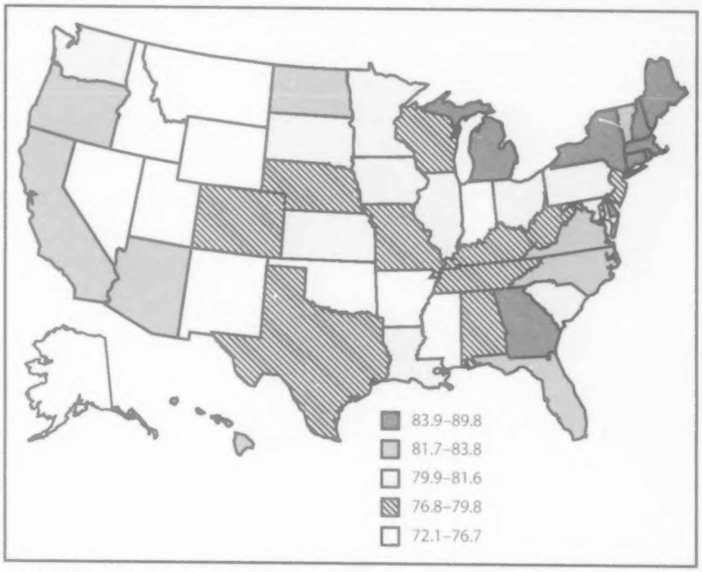
analyses, the analysis in this report found pockets of mammography underscreening among several large U.S. populations. For example, the screening rate varied considerably by geography and was lowest in west-central states, the states with the lowest population densities[§] as well as the states with the fewest mammography facilities.[¶] A study from Texas highlighted the association between mammography supply and mammography use at the county level. Counties with no mammography units had the lowest mammography utilization (*9*).

The passage of the Patient Protection and Affordability Act should remove the financial barrier to mammography screening by expanding coverage and eliminating cost sharing in Medicare and private plans; however, barriers remain. For example, in 2008 the difference in mammography prevalence between women with and without health insurance was 27.5%. Even among women with health insurance, 16.2% had not received mammography in the preceding 2 years. Similar differences in receipt of mammography by insurance status were noted in a 2009 study (*9*). These findings suggest new roles for public health to improve screening through increased education of women and providers, and through additional targeted outreach to underscreened groups including lower SES, uninsured and select minority groups. Several evidence-based interventions are recommended by the *Guide to Community Preventive Services* to increase mammography screening in

§ Additional information available at http://www.frontierus.org/2000update.htm and http://www.shepscenter.unc.edu/rural/maps/Frontier_counties07.pdf.

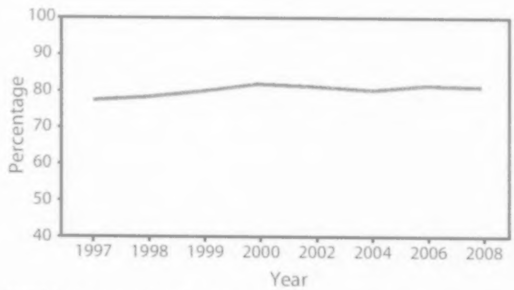
¶ Additional information available at http://www.gao.gov/new.items/d06724.pdf.

FIGURE 1. Percentage of women aged 50–74 years who reported receiving up-to-date* mammography, by state — Behavioral Risk Factor Surveillance System (BRFSS), United States, 2008†



* Within the preceding 2 years.
† Percentages standardized to the age distribution in the 2008 BRFSS survey.

FIGURE 2. Percentage of women aged 50–74 years who reported receiving up-to-date* mammography — Behavioral Risk Factor Surveillance System (BRFSS), United States, 1997, 1998, 1999, 2000, 2002, 2004, 2006, and 2008†



* Within the preceding 2 years.
† Percentages standardized to the age distribution in the 2008 BRFSS survey.

communities.** These include sending client reminders to women, using small media (e.g., videos, letters, flyers, and brochures), and reducing structural barriers (e.g., providing more convenient hours and increasing

** Additional information available at http://www.thecommunityguide.org/index.htm.

attention to language, health literacy, and cultural factors). Surveillance with targeted outreach, case management, and quality assurance through systems change are productive future roles for public health agencies to improve the delivery of clinical preventive services in the era of health reform.

The findings in this report are subject to at least three limitations. First, because BRFSS is a telephone survey of residential households, only women in households with landline telephones participated; therefore, the results might not be representative of all women. Second, responses are self-reported and not confirmed by review of medical records. Finally, the survey response rate was low, which increases the risk for response bias.

Many factors influence a woman's intent and ability to access screening services, including socioeconomic status, awareness of the benefits of screening, and mammography acceptability and availability (*10*). However, the most common reason women give for not having a mammogram is that no one recommended the test; therefore, health-care providers have the most important role in increasing the prevalence of up-to-date mammography among women in the United States (*10*).

Reported by

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Notes from the Field

Pertussis — California, January–June 2010

The number of pertussis cases reported to the California Department of Public Health (CDPH) has increased substantially during 2010. The increase in cases was first noted in late March among patients admitted to a children's hospital. During January 1–June 30, 2010, a total of 1,337 cases were reported, a 418% increase from the 258 cases reported during the same period in 2009. All cases either met the Council of State and Territorial Epidemiologists definitions for confirmed or probable pertussis or had an acute cough illness and *Bordetella pertussis*–specific nucleic acid detected by polymerase chain reaction from nasopharyngeal specimens (*1*).

During January–June in California, the incidence of pertussis was 3.4 cases per 100,000 population. County rates ranged from zero to 76.9 cases per 100,000 (median: 2.0 cases). By age group, incidence was highest (38.5 cases per 100,000) among infants aged <1 year; 89% of cases were among infants aged <6 months, who are too young to be fully immunized. Incidence among children aged 7–9 years and 10–18 years was 10.1 cases and 9.3 cases per 100,000, respectively.

Of 634 case reports with available data, 105 (16.6%) patients were hospitalized, of whom 66 (62.9%) were aged <3 months. Incidence among Hispanic infants (49.8 cases per 100,000) was higher than among other racial/ethnic populations. Five deaths were reported, all in previously healthy Hispanic infants aged <2 months at disease onset; none had received any pertussis-containing vaccines.

The incidence of pertussis is cyclical, with peaks occurring every 3–5 years in the United States (*2*). The last peak was in 2005, when approximately 25,000 cases were reported nationally and approximately 3,000 cases in California, including eight deaths in infants aged <3 months. If the rates from the first half of the year persist throughout 2010, California would have its highest annual rate of pertussis reported since 1963 and the most cases reported since 1958.

CDPH is attempting to prevent transmission of pertussis to vulnerable infants (*3*) by disseminating educational materials and clinical guidance, raising community awareness, and offering free tetanus, diphtheria, and acellular pertussis (Tdap) vaccine to birthing hospitals and local health departments to support postpartum vaccination of mothers and close contacts of newborns.

Reported by

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Salmonella Newport Infections Associated with Consumption of Unpasteurized Milk — Utah, April–June 2010

On April 29, 2010, the Utah Department of Health (UDOH) was notified of three cases of *Salmonella enterica* serotype Newport infection. The three patients recently had consumed unpasteurized milk purchased from a store in northern Utah (store A). In Utah, unpasteurized milk can be sold legally at licensed dairies or by licensed dairies at dairy-owned retail stores meeting specific requirements (*1*). A central Utah dairy licensed to sell unpasteurized milk (dairy A) owns and sells unpasteurized milk at store A and a second northern Utah store (store B). By May 3, 2010, three additional patients with *S.* Newport infections had been reported; all recently had consumed unpasteurized milk purchased from store A. UDOH notified the Utah Department of Agriculture and Food (UDAF) of the suspected association between illness and unpasteurized milk consumption, and UDAF suspended sales of unpasteurized milk at the two stores on May 3, 2010.

During April 29–June 3, 2010, a total of 10 *S.* Newport cases were reported to UDOH; all 10 patients had consumed unpasteurized milk from store A (seven patients) or store B (three patients). The patients ranged in age from 2 to 56 years (median: 21 years); six were female. One patient was

hospitalized. Isolates from all 10 patients were identified as indistinguishable by two-enzyme pulsed-field gel electrophoresis (PFGE), with pattern combination UTJJPX01.098/UTJJPA26.009, and were sensitive to routinely used antibiotics. Cultures of frozen, unpasteurized milk samples stored at dairy A from batches of milk sold during the outbreak period yielded *S.* Newport isolates indistinguishable by PFGE from the outbreak strain. An inspection of dairy A on May 7, 2010, did not reveal any obvious sources of contamination.

On May 12, 2010, on the basis of coliform test results within legal limits, the dairy was permitted to resume sales of unpasteurized milk. Ongoing testing includes monthly screening for *Salmonella* spp. in retail samples of unpasteurized milk. As of June 21, 2010, no additional cases had been reported to UDOH. Consumption of unpasteurized dairy products poses a risk for foodborne illness (*2*), and consumers of unpasteurized milk should be aware of this risk.

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Announcement

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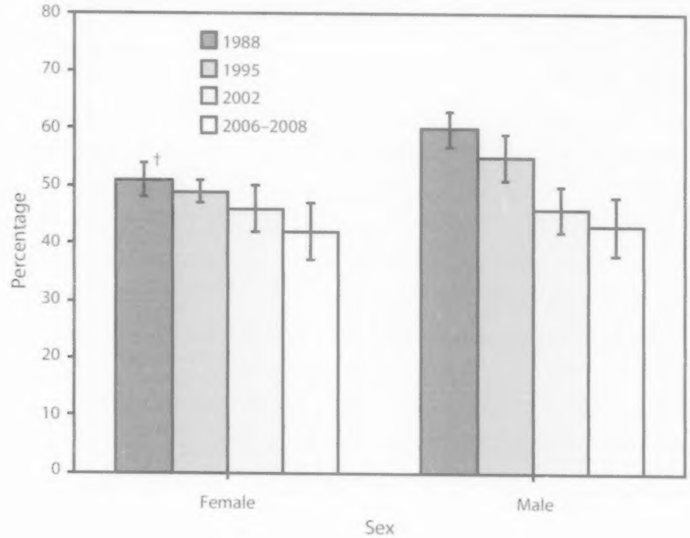
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Never-Married Females and Males Aged 15–19 Years Who Have Ever Had Sexual Intercourse* — National Survey of Family Growth, United States, 1988–2008



* Based on responses by females to the question, "At any time in your life have you ever had sexual intercourse with a man, that is, made love, had sex, or gone all the way?" and by males to the question, "Have you ever had sexual intercourse with a female (sometimes this is called making love, having sex, or going all the way)?"
† 95% confidence interval.

From 1988 to 2006–2008, the percentage of never-married teenage females (ages 15–19 years) who ever had sexual intercourse declined from 51% to 42%, and the percentage for never-married teenage males declined from 60% to 43%. In 1988, teenage males were more likely than teenage females to have ever have had sexual intercourse, but by 2006–2008, the percentages were equivalent.

Source: Abma JC, Martinez GM, Copen CE. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, National Survey of Family Growth, 2006–2008. Vital Health Stat 2010; 23(30). Available at http://www.cdc.gov/nchs/data/series/sr_23/sr23_030.pdf.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending July 3, 2010 (26th week)*

Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2009	2008	2007	2006	2005	
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	—	35	3	118	145	144	165	135	
foodborne	—	4	0	10	17	32	20	19	
infant	—	23	2	83	109	85	97	85	
other (wound and unspecified)	—	8	1	25	19	27	48	31	
Brucellosis	—	53	2	115	80	131	121	120	
Chancroid	1	27	0	28	25	23	33	17	NY (1)
Cholera	—	2	0	10	5	7	9	8	
Cyclosporiasis§	8	54	10	141	139	93	137	543	NY (1), FL (7)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	—	2	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	1	0	4	4	4	8	21	
Powassan virus disease	—	1	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	—	1	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	7	0	35	30	22	29	9	
nonserotype b	—	94	4	236	244	199	175	135	
unknown serotype	3	113	3	178	163	180	179	217	PA (1), OH (2)
Hansen disease§	1	18	2	103	80	101	66	87	MD (1)
Hantavirus pulmonary syndrome§	—	4	1	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	3	70	7	242	330	292	288	221	NY (2), FL (1)
HIV infection, pediatric (age <13 yrs)††	—	—	1	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	—	54	2	359	90	77	43	45	
Listeriosis	6	283	17	852	759	808	884	896	PA (1), OH (1), OK (1), CO (1), WA (1), OR (1)
Measles¶¶	—	28	4	71	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	1	132	5	301	330	325	318	297	CT (1)
serogroup B	2	62	4	174	188	167	193	156	NY (1), TX (1)
other serogroup	1	6	0	23	38	35	32	27	OK (1)
unknown serogroup	5	206	11	482	616	550	651	765	NE (1), FL (1), OR (1), CA (2)
Mumps	5	2,064	21	1,991	454	800	6,584	314	NY (5)
Novel influenza A virus infections†††	—	1	0	43,771	2	4	NN	NN	
Plague	—	—	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	1	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	NN	NN	
Psittacosis§	—	4	0	9	8	12	21	16	
Q fever, total§,§§§	1	47	4	113	120	171	169	136	
acute	1	36	2	93	106	—	—	—	FL (1)
chronic	—	11	0	20	14	—	—	—	
Rabies, human	—	1	0	4	2	1	3	2	
Rubella¶¶¶	1	4	0	3	16	12	11	11	CA (1)
Rubella, congenital syndrome	—	—	—	2	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	91	2	162	157	132	125	129	
Syphilis, congenital (age <1 yr)††††	—	80	8	423	431	430	349	329	
Tetanus	—	1	1	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	1	45	2	74	71	92	101	90	MI (1)
Trichinellosis	—	1	1	13	39	5	15	16	
Tularemia	6	22	5	93	123	137	95	154	IN (2), MO (2), NE (2)
Typhoid fever	6	164	6	399	449	434	353	324	MD (1), NV (1), WA (1), CA (3)
Vancomycin-intermediate *Staphylococcus aureus*§	8	50	1	78	63	37	6	2	NY (2), OH (1), MO (4), FL (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	1	—	1	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	16	162	8	790	588	549	NN	NN	MD (4), SC (1), GA (1), FL (5), WA (4), CA (1)
Viral hemorrhagic fever§§§§	—	1	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending July 3, 2010 (26th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.

* Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/ncphi/disss/nndss/phs/files/5yearweeklyaverage.pdf.

§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table except starting in 2007 for the domestic arboviral diseases, STD data, TB data, and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 286 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 279 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 133 influenza-associated pediatric deaths occurring during the 2008-09 influenza season have been reported.

¶¶ No measles cases were reported for the current week.

*** Data for meningococcal disease (all serogroups) are available in Table II.

††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC. The one case of novel influenza A virus infection reported to CDC during 2010 was identified as swine influenza A (H3N2) virus and is unrelated to pandemic influenza A (H1N1) virus.

§§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.

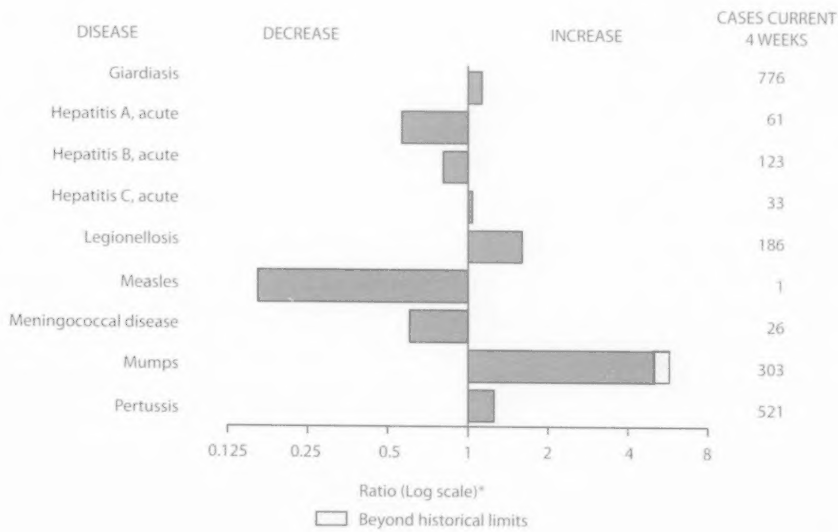
¶¶¶ The one rubella case reported for the current week was unknown.

**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

†††† Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

§§§§ There was one case of viral hemorrhagic fever reported during week 12. The one case report was confirmed as lassa fever. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals July 3, 2010, with historical data



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

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Deborah A. Adams	Rosaline Dhara
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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	10,018	22,061	26,080	523,942	625,532	84	116	284	2,558	2,678
New England	640	743	1,396	18,838	19,888	2	6	40	130	173
Connecticut	—	210	736	4,023	5,874	—	0	36	36	38
Maine†	39	49	75	1,229	1,257	1	1	4	28	18
Massachusetts	445	395	638	10,087	9,413	—	1	15	—	51
New Hampshire	57	38	122	1,121	1,051	—	1	6	28	27
Rhode Island†	81	70	130	1,773	1,694	—	0	8	7	4
Vermont†	18	23	63	605	599	1	1	9	31	35
Mid. Atlantic	2,438	3,182	4,619	82,008	77,902	16	15	38	291	302
New Jersey	380	440	624	10,831	12,395	—	0	5	—	21
New York (Upstate)	505	657	2,530	16,454	14,415	1	3	16	63	64
New York City	993	1,186	2,144	31,788	29,326	—	1	5	27	39
Pennsylvania	560	865	1,089	22,935	21,766	15	9	19	201	178
E.N. Central	910	3,409	4,413	73,093	101,723	17	28	73	610	650
Illinois	—	712	1,322	9,334	30,974	—	3	8	71	65
Indiana	—	296	602	6,194	11,876	—	4	11	76	128
Michigan	596	888	1,417	24,475	23,730	6	6	11	137	115
Ohio	136	966	1,077	23,026	24,447	7	7	16	179	178
Wisconsin	178	402	494	10,064	10,696	4	8	39	147	164
W.N. Central	225	1,313	1,711	31,707	35,064	12	20	59	402	375
Iowa	15	181	299	4,929	4,925	1	4	13	90	88
Kansas	—	193	571	4,554	4,816	1	2	6	47	41
Minnesota	—	271	337	6,508	7,311	—	5	31	97	77
Missouri	169	493	638	12,399	13,037	5	3	12	77	71
Nebraska†	—	95	237	2,322	2,623	5	2	9	53	41
North Dakota	41	34	93	995	840	—	0	18	11	6
South Dakota	—	46	82	—	1,512	—	2	10	27	51
S. Atlantic	2,507	3,791	5,681	87,283	129,320	17	18	50	433	439
Delaware	115	87	156	2,169	2,417	—	0	2	2	1
District of Columbia	—	108	178	2,291	3,623	—	0	1	2	4
Florida	557	1,405	1,669	36,005	37,317	12	8	24	179	139
Georgia	5	368	1,323	4,902	20,841	3	6	31	152	179
Maryland†	564	452	1,031	11,169	11,089	—	1	3	13	22
North Carolina	—	523	908	—	22,147	—	1	11	11	38
South Carolina†	679	522	729	13,750	14,171	1	1	7	24	23
Virginia†	526	592	924	15,209	15,773	1	2	7	44	28
West Virginia	61	67	137	1,788	1,942	—	0	2	6	5
E.S. Central	1,296	1,761	2,321	42,030	46,568	—	4	10	86	80
Alabama†	—	473	652	11,515	13,892	—	1	5	34	27
Kentucky	467	328	642	8,012	5,677	—	1	4	26	20
Mississippi	367	424	784	9,142	12,043	—	0	3	6	6
Tennessee†	462	564	734	13,361	14,956	—	1	5	20	27
W.S. Central	530	2,907	4,578	71,605	82,455	4	8	40	144	148
Arkansas†	304	232	402	4,127	7,276	—	1	5	17	15
Louisiana	—	311	1,055	2,922	15,145	—	1	6	17	16
Oklahoma	226	261	1,564	7,469	6,598	3	2	9	32	35
Texas†	—	2,065	3,213	57,087	53,436	1	5	30	78	82
Mountain	512	1,522	2,118	34,277	36,376	7	9	25	207	213
Arizona	—	471	713	9,605	12,859	—	0	3	14	20
Colorado	318	400	709	9,463	6,839	3	2	10	57	57
Idaho†	—	66	192	1,522	1,780	2	2	7	40	26
Montana†	22	58	77	1,498	1,549	—	1	4	26	17
Nevada†	133	177	478	4,928	4,974	1	0	2	7	7
New Mexico†	—	163	453	3,304	4,229	—	2	8	31	61
Utah	39	117	175	3,062	3,168	1	1	4	24	11
Wyoming†	—	36	70	895	978	—	0	2	8	14
Pacific	960	3,467	5,350	83,101	96,236	9	12	27	255	298
Alaska	—	105	146	2,828	2,652	—	0	1	2	2
California	712	2,713	4,406	66,684	73,868	3	8	20	151	163
Hawaii	—	113	159	2,646	3,116	—	0	0	—	1
Oregon	—	162	468	1,367	5,487	4	2	10	64	94
Washington	248	391	638	9,576	11,113	2	1	8	38	38
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	4	27	88	221	—	0	0	—	—
Puerto Rico	—	99	329	2,469	4,021	N	0	0	N	N
U.S. Virgin Islands	—	8	15	132	288	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) **Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)***

	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
Reporting area		Med	Max				Med	Max		
United States	—	0	8	69	NN	—	0	1	1	NN
New England	—	0	1	1	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine¶	—	0	1	1	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island¶	—	0	0	—	NN	—	0	0	—	NN
Vermont¶	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	4	24	NN	—	0	0	—	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	0	4	20	NN	—	0	0	—	NN
Pennsylvania	—	0	2	4	NN	—	0	0	—	NN
E.N. Central	—	0	2	5	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	2	5	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	0	—	NN	—	0	0	—	NN
Iowa	—	0	0	—	NN	—	0	0	—	NN
Kansas	—	0	0	—	NN	—	0	0	—	NN
Minnesota	—	0	0	—	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska¶	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	0	—	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	5	30	NN	—	0	1	1	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	5	25	NN	—	0	1	1	NN
Georgia	—	0	2	3	NN	—	0	0	—	NN
Maryland¶	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina¶	—	0	1	2	NN	—	0	0	—	NN
Virginia¶	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama¶	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee¶	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas¶	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas¶	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	1	2	NN	—	0	0	—	NN
Arizona	—	0	0	—	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho¶	—	0	0	—	NN	—	0	0	—	NN
Montana¶	—	0	0	—	NN	—	0	0	—	NN
Nevada¶	—	0	1	1	NN	—	0	0	—	NN
New Mexico¶	—	0	1	1	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming¶	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	2	7	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	1	4	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	3	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	82	942	NN	—	0	3	22	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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* Incidence data for reporting years 2009 and 2010 are provisional.
† Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage.
§ DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)*

	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
Reporting area		Med	Max				Med	Max				Med	Max		
United States	7	9	176	158	316	11	13	309	134	350	1	1	35	19	74
New England	—	0	6	4	18	—	2	22	16	107	—	0	1	2	2
Connecticut	—	0	0	—	—	—	0	13	—	1	—	0	0	—	—
Maine§	—	0	1	3	2	—	0	2	7	10	—	0	0	—	—
Massachusetts	—	0	3	—	5	—	0	11	—	64	—	0	0	—	—
New Hampshire	—	0	1	1	3	—	0	3	6	12	—	0	1	2	1
Rhode Island§	—	0	4	—	8	—	0	20	3	20	—	0	0	—	1
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	1	15	13	62	10	3	27	52	98	—	0	4	1	20
New Jersey	—	0	8	—	40	—	0	6	1	39	—	0	0	—	—
New York (Upstate)	—	1	15	8	12	10	2	20	51	55	—	0	2	1	1
New York City	—	0	2	4	4	—	0	1	—	3	—	0	0	—	1
Pennsylvania	—	0	5	1	6	—	0	1	—	1	—	0	3	—	18
E.N. Central	—	0	7	5	50	1	3	22	46	139	—	0	6	5	35
Illinois	—	0	4	2	25	—	0	1	—	3	—	0	0	—	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	4	20
Michigan	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	3	—	0	0	—	1	—	0	1	—	—
Wisconsin	—	0	3	3	21	1	3	22	46	135	—	0	3	1	12
W.N. Central	2	2	23	47	62	—	0	261	2	—	1	0	30	7	5
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	2	4	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	6	—	—	—	0	261	—	—	—	0	30	—	2
Missouri	2	1	22	44	58	—	0	2	2	—	1	0	4	7	3
Nebraska§	—	0	1	1	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	4	3	14	56	64	—	0	4	16	4	—	0	2	—	—
Delaware	—	0	3	9	8	—	0	1	2	1	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	1	0	2	6	6	—	0	1	1	—	—	0	0	—	—
Georgia	—	0	2	6	12	—	0	1	1	1	—	0	0	—	—
Maryland§	1	0	3	8	23	—	0	2	7	2	—	0	0	—	—
North Carolina	—	0	3	7	—	—	0	1	1	—	—	0	0	—	—
South Carolina§	—	0	2	2	6	—	0	0	—	—	—	0	0	—	—
Virginia§	2	1	13	18	9	—	0	2	4	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	1	1	11	25	45	—	0	1	2	1	—	0	5	4	12
Alabama§	—	0	3	4	1	—	0	1	1	—	—	0	0	—	—
Kentucky	—	0	2	2	4	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	2	—	5	—	0	0	—	—	—	0	0	—	—
Tennessee§	1	1	10	19	35	—	0	1	1	1	—	0	5	4	12
W.S. Central	—	0	141	8	13	—	0	23	—	1	—	0	1	—	—
Arkansas§	—	0	34	—	2	—	0	6	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	105	7	11	—	0	16	—	1	—	0	0	—	—
Texas§	—	0	2	1	—	—	0	1	—	—	—	0	1	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	2	—	0	1	—	—	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Cumulative total *E. ewingii* cases reported for year 2010 = 2.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	200	345	662	7,593	7,993	2,351	5,171	6,656	118,083	150,824	27	52	171	1,449	1,608
New England	3	24	65	362	648	48	92	197	2,422	2,416	3	2	21	41	103
Connecticut	—	5	15	112	129	—	45	170	1,044	1,123	3	0	15	20	28
Maine§	1	4	13	93	88	1	3	11	98	71	—	0	2	6	12
Massachusetts	—	8	36	—	274	45	40	72	1,044	967	—	0	8	—	51
New Hampshire	1	3	11	62	70	2	2	7	75	53	—	0	2	7	6
Rhode Island§	—	1	7	19	30	—	6	13	134	179	—	0	2	4	2
Vermont§	1	4	14	76	57	—	1	17	27	23	—	0	1	4	4
Mid. Atlantic	34	61	112	1,324	1,511	493	641	941	16,272	14,935	8	11	34	309	292
New Jersey	—	7	15	113	211	90	93	134	2,305	2,314	—	2	7	41	67
New York (Upstate)	26	24	84	506	550	93	104	422	2,604	2,526	4	3	20	87	69
New York City	—	16	26	372	405	179	215	394	5,849	5,349	—	2	6	61	33
Pennsylvania	8	15	37	333	345	131	209	277	5,514	4,746	4	4	9	120	123
E.N. Central	27	52	92	1,194	1,258	283	1,033	1,536	20,116	32,273	3	8	19	244	263
Illinois	—	12	22	227	276	—	232	441	2,305	10,329	—	2	9	59	100
Indiana	—	6	14	115	115	—	77	183	1,662	3,865	—	1	6	43	49
Michigan	6	13	25	296	296	200	248	502	6,867	7,705	—	0	4	19	12
Ohio	18	16	28	405	377	39	319	372	7,107	7,720	3	2	6	63	58
Wisconsin	3	8	23	151	194	44	91	192	2,175	2,654	—	2	5	60	44
W.N. Central	18	27	165	668	674	71	267	367	6,354	7,492	—	3	24	90	82
Iowa	8	5	13	130	137	3	31	55	779	847	—	0	1	1	—
Kansas	3	4	14	101	62	—	40	83	917	1,277	—	0	2	8	11
Minnesota	—	0	135	136	137	—	41	64	927	1,171	—	0	17	24	18
Missouri	2	9	27	170	215	60	122	172	3,148	3,295	—	1	6	40	35
Nebraska§	5	3	9	91	79	—	22	54	511	659	—	0	3	9	13
North Dakota	—	0	8	11	7	8	2	11	72	57	—	0	4	8	5
South Dakota	—	1	10	29	37	—	3	16	—	186	—	0	0	—	—
S. Atlantic	60	73	143	1,830	1,703	665	1,108	1,656	24,299	37,867	6	13	27	359	450
Delaware	—	0	3	12	15	27	19	37	486	434	—	0	1	5	3
District of Columbia	—	1	4	16	37	—	42	86	863	1,394	—	0	1	1	1
Florida	33	39	87	946	891	169	381	482	9,616	10,689	2	3	9	104	146
Georgia	16	13	52	421	356	—	132	494	1,765	7,083	1	3	9	91	88
Maryland§	1	6	12	141	132	150	128	237	3,210	2,967	1	1	6	29	53
North Carolina	N	0	0	N	N	—	143	331	—	7,380	—	1	6	20	56
South Carolina§	4	2	7	56	43	206	159	217	4,087	4,253	2	2	7	54	37
Virginia§	6	8	36	222	209	109	164	271	4,048	3,390	—	2	4	44	48
West Virginia	—	1	5	16	20	4	8	19	224	277	—	0	5	11	18
E.S. Central	—	7	22	116	178	372	481	689	11,421	13,260	—	3	12	95	107
Alabama§	—	4	13	69	85	—	138	187	3,376	3,795	—	0	3	15	28
Kentucky	N	0	0	N	N	132	88	156	2,021	1,655	—	0	2	14	15
Mississippi	N	0	0	N	N	112	125	219	2,544	3,729	—	0	2	9	7
Tennessee§	—	3	18	47	93	128	145	206	3,480	4,081	—	2	10	57	57
W.S. Central	9	9	18	163	199	160	819	1,230	18,743	23,932	4	2	20	77	75
Arkansas§	4	2	9	50	59	86	74	139	1,196	2,202	1	0	3	12	15
Louisiana	1	3	10	63	85	—	106	343	910	4,920	—	0	3	15	13
Oklahoma	4	3	10	50	55	74	80	381	2,092	2,150	3	1	15	44	44
Texas§	N	0	0	N	N	—	565	965	14,545	14,660	—	0	2	6	3
Mountain	15	33	64	692	647	40	168	266	3,957	4,442	2	5	14	176	142
Arizona	—	3	7	65	91	—	62	109	1,121	1,436	1	2	10	69	49
Colorado	13	12	26	334	182	18	50	127	1,270	1,376	—	1	6	47	40
Idaho§	1	4	10	96	64	—	2	8	38	47	1	0	2	9	2
Montana§	—	3	11	54	47	1	2	6	58	40	—	0	1	2	1
Nevada§	1	1	11	27	46	20	27	94	881	859	—	0	2	5	11
New Mexico§	—	1	8	32	57	—	20	41	405	502	—	1	5	24	18
Utah	—	4	13	66	131	1	7	15	168	150	—	0	4	15	19
Wyoming§	—	1	5	18	29	—	1	7	16	32	—	0	2	5	2
Pacific	34	54	133	1,244	1,175	219	561	663	14,499	14,207	1	2	9	58	94
Alaska	—	2	7	40	39	—	23	36	634	426	—	0	2	11	9
California	18	34	61	793	824	181	460	556	12,268	11,707	—	0	2	6	34
Hawaii	—	0	3	3	11	—	11	24	300	326	—	0	2	—	20
Oregon	8	9	17	228	159	—	11	43	106	563	1	1	5	38	28
Washington	8	9	75	180	142	38	43	84	1,191	1,185	—	0	4	3	3
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	1	1	—	0	3	8	12	—	0	0	—	—
Puerto Rico	—	1	10	11	81	—	4	24	117	116	—	0	1	1	2
U.S. Virgin Islands	—	0	0	—	—	—	1	4	25	82	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) **Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)***

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	14	30	68	649	974	30	58	203	1,362	1,657	9	14	43	364	389
New England	1	1	5	22	52	—	1	3	22	29	—	1	5	11	31
Connecticut	1	0	2	14	12	—	0	2	6	8	—	1	4	11	23
Maine†	—	0	1	4	1	—	0	2	9	6	—	0	1	—	—
Massachusetts	—	0	4	—	29	—	0	2	—	12	—	0	1	—	7
New Hampshire	—	0	1	—	5	—	0	2	5	3	—	0	0	—	—
Rhode Island†	—	0	4	4	3	—	0	0	—	U	—	0	0	—	U
Vermont†	—	0	0	—	2	—	0	1	2	—	—	0	0	—	1
Mid. Atlantic	2	4	10	92	139	2	5	10	140	196	2	2	5	53	48
New Jersey	—	0	4	10	39	—	1	4	32	63	—	0	2	5	2
New York (Upstate)	—	1	3	26	25	2	1	6	27	34	1	1	3	30	25
New York City	—	1	5	29	40	—	1	4	43	34	—	0	1	—	1
Pennsylvania	2	1	6	27	35	—	1	5	38	65	1	0	3	18	20
E.N. Central	2	4	19	88	151	2	8	15	208	237	—	2	6	75	51
Illinois	—	1	13	16	62	—	2	6	39	55	—	0	1	1	3
Indiana	—	0	4	8	13	—	1	5	25	40	—	0	2	12	10
Michigan	—	1	4	27	36	1	2	6	55	71	—	1	6	55	16
Ohio	2	0	4	17	24	1	2	6	61	59	—	0	3	5	19
Wisconsin	—	0	3	20	16	—	1	3	28	12	—	0	1	2	3
W.N. Central	—	1	10	24	57	1	3	15	66	63	—	0	11	12	6
Iowa	—	0	3	4	17	—	1	3	10	15	—	0	4	1	3
Kansas	—	0	2	7	6	—	0	2	4	4	—	0	0	—	1
Minnesota	—	0	8	1	12	—	0	13	2	10	—	0	9	3	—
Missouri	—	0	3	11	10	1	1	5	41	23	—	0	1	7	—
Nebraska†	—	0	3	1	10	—	0	2	9	10	—	0	1	1	2
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	2	—	0	1	—	1	—	0	1	—	—
S. Atlantic	5	7	14	146	214	11	16	39	390	446	3	3	7	69	100
Delaware	—	0	1	5	3	—	1	2	16	18	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	2	2	7	—	0	1	2	—
Florida	3	3	8	61	96	5	5	11	153	156	1	1	4	25	20
Georgia	—	1	3	17	23	3	3	7	78	71	—	0	2	6	24
Maryland†	—	0	4	11	21	1	1	6	28	44	1	0	2	13	12
North Carolina	—	0	3	11	33	—	0	4	4	63	—	0	4	9	20
South Carolina†	—	1	4	21	21	1	1	4	27	23	—	0	0	—	1
Virginia†	2	1	3	18	16	1	2	14	50	41	1	0	2	8	7
West Virginia	—	0	2	1	—	—	0	19	32	23	—	0	3	6	16
E.S. Central	—	1	3	18	23	2	6	13	142	168	1	2	7	63	54
Alabama†	—	0	1	4	6	—	1	5	29	49	—	0	2	2	5
Kentucky	—	0	2	9	4	—	2	6	45	42	—	1	5	43	33
Mississippi	—	0	1	—	6	—	0	3	14	12	—	0	0	—	U
Tennessee†	—	0	2	5	7	2	2	6	54	65	1	0	4	18	16
W.S. Central	1	3	19	71	91	8	9	109	201	280	1	1	14	27	25
Arkansas†	—	0	3	—	5	—	1	4	25	37	—	0	1	—	1
Louisiana	—	0	2	6	2	—	1	5	20	31	—	0	1	3	4
Oklahoma	—	0	3	—	1	5	1	19	35	50	—	0	12	13	4
Texas†	1	2	18	65	83	3	5	87	121	162	1	0	4	11	16
Mountain	—	3	8	76	73	—	2	6	52	74	—	1	4	21	30
Arizona	—	1	5	39	31	—	0	2	18	29	—	0	0	—	U
Colorado	—	1	4	12	21	—	0	2	2	13	—	0	2	2	18
Idaho†	—	0	2	5	1	—	0	2	4	4	—	0	2	7	2
Montana†	—	0	1	4	4	—	0	1	1	—	—	0	0	—	1
Nevada†	—	0	2	6	7	—	0	3	21	15	—	0	1	2	2
New Mexico†	—	0	1	3	6	—	0	1	2	5	—	0	2	6	5
Utah	—	0	2	4	3	—	0	1	4	4	—	0	1	4	2
Wyoming†	—	0	3	3	—	—	0	1	—	4	—	0	0	—	—
Pacific	3	5	16	112	174	4	6	20	141	164	2	1	6	33	44
Alaska	—	0	0	—	2	—	0	1	1	2	—	0	2	—	U
California	3	4	15	90	130	1	4	16	97	117	1	0	4	14	22
Hawaii	—	0	2	—	7	—	0	1	—	4	—	0	0	—	U
Oregon	—	0	2	11	9	—	1	4	23	23	—	0	3	8	11
Washington	—	0	2	11	26	3	0	4	20	18	1	0	6	11	11
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	12	4	—	0	6	22	37	—	0	6	21	26
Puerto Rico	—	0	2	2	18	—	0	5	8	19	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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TABLE II. (*Continued*) **Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)***

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	60	58	174	1,074	1,165	374	393	2,345	7,164	13,965	13	25	87	494	578
New England	—	2	18	25	62	40	93	857	1,392	5,368	—	1	4	7	27
Connecticut	—	1	4	12	19	—	37	295	687	1,964	—	0	1	1	4
Maine†	—	0	3	3	—	24	13	76	201	161	—	0	1	3	1
Massachusetts	—	0	9	—	37	—	16	401	—	2,396	—	0	3	—	16
New Hampshire	—	0	3	3	3	1	21	95	409	672	—	0	1	1	2
Rhode Island†	—	0	4	5	2	—	1	29	10	56	—	0	1	1	2
Vermont†	—	0	1	2	1	15	4	45	85	119	—	0	1	1	2
Mid. Atlantic	19	15	73	247	381	255	187	999	3,820	5,527	—	7	17	143	168
New Jersey	—	1	14	4	87	5	43	430	933	2,462	—	0	5	1	46
New York (Upstate)	12	5	29	89	87	129	56	577	943	1,092	—	1	4	33	24
New York City	—	2	19	47	78	—	3	58	3	392	—	3	12	83	70
Pennsylvania	7	6	23	107	129	121	72	475	1,941	1,581	—	1	4	26	28
E.N. Central	14	11	41	217	208	3	23	258	510	1,201	1	2	12	52	73
Illinois	—	1	11	8	29	—	1	12	13	60	—	1	7	19	34
Indiana	1	1	6	39	25	—	1	6	20	33	—	0	4	7	9
Michigan	2	2	13	38	40	—	1	9	20	16	—	0	3	6	11
Ohio	11	5	17	108	86	1	1	5	9	10	1	0	6	19	15
Wisconsin	—	1	6	24	28	2	18	239	448	1,082	—	0	2	1	4
W.N. Central	2	2	19	51	43	—	2	1,395	27	106	—	1	11	24	27
Iowa	—	0	3	4	11	—	0	14	16	66	—	0	1	6	5
Kansas	—	0	2	5	4	—	0	2	5	12	—	0	1	3	2
Minnesota	—	0	16	15	5	—	0	1,380	—	26	—	0	11	3	12
Missouri	2	1	5	18	17	—	0	1	3	1	—	0	1	4	5
Nebraska†	—	0	2	4	5	—	0	1	3	—	—	0	2	8	2
North Dakota	—	0	1	3	1	—	0	15	—	—	—	0	1	—	—
South Dakota	—	0	1	2	—	—	0	0	—	1	—	0	0	—	1
S. Atlantic	13	11	24	227	224	75	62	258	1,244	1,621	10	6	15	134	166
Delaware	—	0	5	8	8	11	12	65	297	393	—	0	1	2	1
District of Columbia	—	0	4	12	13	—	0	4	8	32	—	0	3	6	6
Florida	8	4	10	86	70	6	2	11	32	17	3	2	7	55	41
Georgia	—	1	4	23	25	—	0	6	4	27	—	0	6	3	36
Maryland†	5	3	12	52	56	40	27	134	569	793	2	1	13	28	42
North Carolina	—	0	5	2	27	—	0	6	12	56	—	0	3	5	18
South Carolina†	—	0	2	5	3	—	1	3	17	17	—	0	1	3	1
Virginia†	—	1	6	34	22	18	14	79	290	253	5	1	5	32	20
West Virginia	—	0	3	5	—	—	0	33	15	33	—	0	2	—	1
E.S. Central	3	2	12	58	55	1	1	4	22	11	—	0	4	11	20
Alabama†	—	0	2	7	9	—	0	1	—	1	—	0	3	2	6
Kentucky	—	0	3	10	23	—	0	1	1	1	—	0	3	3	5
Mississippi	—	0	2	5	2	—	0	0	—	—	—	0	1	—	2
Tennessee†	3	1	9	36	21	1	1	4	21	9	—	0	1	6	7
W.S. Central	—	2	14	41	52	—	3	44	31	51	—	1	31	47	20
Arkansas†	—	0	2	8	4	—	0	0	—	—	—	0	1	1	2
Louisiana	—	0	3	1	5	—	0	0	—	—	—	0	1	—	4
Oklahoma	—	0	4	6	3	—	0	2	—	—	—	0	1	3	—
Texas†	—	1	10	26	40	—	3	42	31	51	—	1	30	43	14
Mountain	3	3	8	71	57	—	0	4	6	24	—	1	6	20	17
Arizona	3	1	4	22	23	—	0	1	1	1	—	0	2	11	2
Colorado	—	1	5	17	7	—	0	1	1	—	—	0	3	3	11
Idaho†	—	0	2	—	1	—	0	3	1	6	—	0	1	—	1
Montana†	—	0	1	4	4	—	0	1	—	1	—	0	3	1	1
Nevada†	—	0	2	15	6	—	0	2	—	8	—	0	1	2	—
New Mexico†	—	0	2	2	1	—	0	1	1	1	—	0	0	—	—
Utah	—	0	3	9	14	—	0	1	2	6	—	0	1	3	2
Wyoming†	—	0	2	2	1	—	0	1	—	1	—	0	0	—	—
Pacific	6	4	19	137	83	—	5	10	112	56	2	3	19	56	60
Alaska	—	0	0	—	1	—	0	1	1	3	—	0	1	2	2
California	3	3	19	119	63	—	3	9	75	31	1	1	13	34	45
Hawaii	—	0	1	1	1	N	0	0	N	N	—	0	0	—	1
Oregon	1	0	3	6	7	—	1	4	32	19	—	0	1	5	7
Washington	2	0	4	11	11	—	0	3	4	3	1	0	5	15	5
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	—	0	2	1	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)*

Reporting area	Meningococcal disease, invasive[†] All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	9	16	43	406	550	136	273	1,750	5,999	6,986	31	66	147	1,320	2,581
New England	1	0	2	7	18	—	5	21	46	347	2	5	24	118	169
Connecticut	1	0	2	1	2	—	1	5	20	19	—	1	22	59	73
Maine[§]	—	0	1	2	2	—	0	4	12	60	—	1	4	28	28
Massachusetts	—	0	1	—	10	—	3	12	—	205	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	0	4	6	44	—	0	2	3	19
Rhode Island[§]	—	0	1	—	2	—	0	8	5	11	—	0	5	3	20
Vermont[§]	—	0	1	4	1	—	0	1	3	8	2	1	5	25	29
Mid. Atlantic	1	1	4	37	62	35	20	41	412	574	8	11	26	343	294
New Jersey	—	0	2	8	11	—	3	10	46	127	—	0	0	—	—
New York (Upstate)	1	0	3	9	12	27	6	27	174	91	8	9	22	239	192
New York City	—	0	2	8	12	—	0	11	24	49	—	2	12	104	2
Pennsylvania	—	0	2	12	27	8	8	22	168	307	—	0	0	—	100
E.N. Central	—	2	8	68	103	36	61	108	1,483	1,410	5	2	19	79	83
Illinois	—	0	4	11	26	1	11	29	241	335	3	1	9	33	27
Indiana	—	0	3	15	23	—	7	19	150	163	—	0	5	—	17
Michigan	—	0	2	10	17	8	19	41	426	294	—	1	6	27	24
Ohio	—	1	2	18	23	26	18	46	579	535	2	0	5	19	15
Wisconsin	—	0	2	14	14	1	3	12	87	83	—	0	0	—	—
W.N. Central	1	2	6	32	40	6	25	627	440	1,085	7	6	18	124	191
Iowa	—	0	3	6	6	—	4	21	155	125	—	0	4	7	17
Kansas	—	0	2	4	7	—	3	12	63	120	1	1	4	33	49
Minnesota	—	0	2	2	8	—	0	601	6	194	—	1	9	15	20
Missouri	—	0	3	14	13	1	11	35	146	545	3	1	5	33	20
Nebraska[§]	1	0	2	5	4	5	2	6	51	88	3	1	6	29	52
North Dakota	—	0	1	1	—	—	0	12	5	2	—	0	7	7	4
South Dakota	—	0	2	—	2	—	1	6	14	11	—	0	4	—	29
S. Atlantic	1	2	7	77	108	7	22	63	518	765	2	27	58	489	1,150
Delaware	—	0	1	1	2	—	0	3	5	6	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	3	3	—	0	0	—	—
Florida	1	1	5	39	32	5	6	28	137	252	—	0	22	52	161
Georgia	—	0	1	6	20	—	3	8	87	134	—	4	14	—	217
Maryland[§]	—	0	1	4	5	1	2	8	48	67	—	6	15	158	183
North Carolina	—	0	2	5	27	—	0	6	—	110	—	3	17	—	253
South Carolina[§]	—	0	1	7	8	1	5	23	164	102	—	0	0	—	—
Virginia[§]	—	0	2	13	10	—	4	15	65	85	—	10	26	240	277
West Virginia	—	0	2	2	4	—	0	6	9	6	2	2	6	39	59
E.S. Central	—	0	4	19	19	2	14	31	355	402	1	2	7	56	89
Alabama[§]	—	0	2	4	5	—	5	16	109	149	1	0	4	24	—
Kentucky	—	0	2	8	4	—	4	15	122	109	—	0	2	3	29
Mississippi	—	0	1	2	2	—	1	6	26	42	—	0	1	—	1
Tennessee[§]	—	0	2	5	8	2	4	10	98	102	—	1	6	29	59
W.S. Central	2	1	9	48	45	14	67	753	1,364	1,356	1	4	40	19	440
Arkansas[§]	—	0	2	5	5	—	5	29	50	142	1	0	10	13	27
Louisiana	—	0	3	8	10	—	1	7	16	93	—	0	0	—	—
Oklahoma	1	0	7	13	3	2	0	41	14	15	—	0	15	6	4
Texas[§]	1	1	7	22	27	12	60	681	1,284	1,106	—	3	30	—	409
Mountain	—	1	5	34	43	13	19	41	498	508	—	1	8	21	51
Arizona	—	0	2	9	8	—	7	14	192	101	—	0	5	—	—
Colorado	—	0	3	11	13	5	2	13	59	139	—	0	0	—	—
Idaho[§]	—	0	1	5	6	1	2	19	79	47	—	0	2	1	—
Montana[§]	—	0	1	1	5	—	1	8	31	12	—	0	4	2	15
Nevada[§]	—	0	1	5	3	7	0	6	15	7	—	0	1	2	1
New Mexico[§]	—	0	1	2	3	—	1	6	33	33	—	0	3	5	15
Utah	—	0	1	1	1	—	3	9	86	149	—	0	2	—	3
Wyoming[§]	—	0	1	—	4	—	0	1	3	20	—	0	3	11	17
Pacific	3	3	16	84	112	23	32	186	883	539	5	3	12	71	114
Alaska	—	0	2	1	3	—	0	6	12	29	—	0	2	11	9
California	2	2	13	55	72	10	20	162	638	233	4	3	11	54	102
Hawaii	—	0	2	—	3	—	0	4	—	19	—	0	0	—	—
Oregon	1	1	5	19	25	1	6	14	150	115	1	0	2	6	3
Washington	—	0	7	9	9	12	4	24	83	143	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	0	—	1	1	1	3	23	23
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) **Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)***

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	546	810	1,521	14,955	19,045	75	71	195	1,385	1,855	150	260	523	6,113	8,046
New England	4	20	201	367	1,307	—	2	30	44	141	—	2	28	37	122
Connecticut	—	0	196	196	430	—	0	25	25	67	—	0	26	26	43
Maine§	1	2	7	45	57	—	0	2	4	9	—	0	2	3	2
Massachusetts	—	12	47	—	530	—	0	6	—	40	—	1	27	—	64
New Hampshire	1	3	9	69	179	—	0	3	10	16	—	0	5	3	2
Rhode Island§	—	2	11	33	73	—	0	26	—	—	—	0	7	4	8
Vermont§	2	1	5	24	38	—	0	3	5	9	—	0	1	1	3
Mid. Atlantic	60	91	208	1,933	2,216	9	7	24	158	182	14	35	90	787	1,534
New Jersey	—	15	47	245	465	—	1	5	16	54	—	7	23	128	333
New York (Upstate)	26	24	78	513	490	5	3	15	71	44	3	4	19	82	98
New York City	—	24	46	473	501	—	1	4	16	36	—	7	15	141	224
Pennsylvania	34	29	67	702	760	4	2	8	55	48	11	19	63	436	879
E.N. Central	40	76	168	1,759	2,471	9	9	29	195	340	14	27	234	907	1,531
Illinois	—	24	52	564	696	—	1	6	12	95	—	9	227	525	356
Indiana	—	8	31	58	283	—	1	9	16	37	—	1	5	18	41
Michigan	6	15	34	337	482	3	2	16	72	60	—	3	10	101	135
Ohio	33	25	52	632	681	6	2	11	56	56	14	8	46	165	701
Wisconsin	1	9	26	168	329	—	2	11	39	92	—	5	18	98	298
W.N. Central	37	44	94	946	1,254	9	11	41	250	273	31	48	88	1,431	421
Iowa	3	7	16	155	203	—	3	12	49	74	—	0	5	27	42
Kansas	5	6	20	159	170	2	1	5	26	29	6	3	14	136	129
Minnesota	—	9	32	179	271	—	2	17	31	61	—	0	6	14	33
Missouri	20	13	29	311	254	4	2	29	104	56	25	44	75	1,237	199
Nebraska§	9	4	12	89	207	3	1	6	34	39	—	0	3	14	13
North Dakota	—	0	39	15	27	—	0	7	—	4	—	0	5	—	3
South Dakota	—	2	9	38	122	—	0	12	6	10	—	0	2	3	2
S. Atlantic	207	251	503	4,024	4,638	13	12	23	235	307	31	40	71	895	1,217
Delaware	—	2	9	46	36	—	0	2	1	8	—	3	10	33	42
District of Columbia	—	2	6	34	46	—	0	1	4	1	—	0	4	16	14
Florida	119	126	277	1,941	1,974	8	3	8	92	82	23	11	30	380	227
Georgia	33	39	105	659	837	—	1	4	24	34	4	12	24	316	327
Maryland§	18	15	32	330	336	4	1	6	36	38	3	3	17	46	207
North Carolina	—	30	90	230	622	—	1	5	4	63	—	2	26	15	233
South Carolina§	15	19	66	337	302	1	0	3	12	14	1	1	6	33	68
Virginia§	22	18	68	368	392	—	2	15	56	58	—	3	15	55	94
West Virginia	—	3	23	79	93	—	0	5	6	9	—	0	2	1	5
E.S. Central	19	50	118	935	1,120	1	4	10	80	106	1	11	40	336	496
Alabama§	—	14	40	242	323	—	1	4	21	25	—	2	10	50	95
Kentucky	—	8	28	191	216	—	1	4	8	34	—	3	28	153	125
Mississippi	1	13	42	218	280	—	0	2	10	6	—	1	4	18	18
Tennessee§	18	13	33	284	301	1	1	8	41	41	1	5	13	115	258
W.S. Central	50	104	547	1,532	1,985	3	4	68	75	124	41	48	251	1,025	1,575
Arkansas§	23	10	25	192	228	1	1	5	23	13	1	2	11	24	180
Louisiana	1	17	46	330	415	—	0	3	5	14	2	3	9	101	112
Oklahoma	9	10	46	198	240	2	0	27	6	9	1	7	96	149	110
Texas§	17	60	477	812	1,102	—	3	41	41	88	37	34	144	751	1,173
Mountain	29	49	133	1,066	1,338	13	7	26	158	222	4	14	43	288	601
Arizona	4	18	50	343	446	1	1	5	33	30	2	9	38	155	434
Colorado	12	11	33	264	282	9	2	11	33	83	1	2	6	47	41
Idaho§	3	3	10	66	81	2	1	7	23	29	—	0	3	9	3
Montana§	—	2	7	48	62	—	1	7	23	11	—	0	1	4	11
Nevada§	9	4	14	106	119	1	0	4	12	13	1	1	7	16	32
New Mexico§	—	5	40	96	153	—	1	3	13	19	—	1	6	47	67
Utah	—	5	15	125	154	—	1	11	17	35	—	0	4	10	12
Wyoming§	1	1	9	18	41	—	0	2	4	2	—	0	2	—	1
Pacific	100	116	299	2,393	2,716	18	9	46	190	160	14	21	64	407	549
Alaska	—	1	6	41	31	—	0	1	1	1	—	0	2	—	1
California	68	84	227	1,753	2,076	11	4	35	88	96	10	16	51	345	431
Hawaii	8	4	62	20	124	—	0	4	6	3	1	0	4	3	16
Oregon	4	8	49	283	207	—	1	11	29	14	—	1	4	27	25
Washington	20	15	61	296	278	7	3	19	66	46	3	2	9	32	76
American Samoa	1	1	1	2	—	—	0	0	—	—	—	1	1	1	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	2	5	—	0	0	—	—	—	0	3	1	3
Puerto Rico	4	7	39	101	260	—	0	0	—	—	—	0	1	—	7
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF)†									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	1	2	8	41	68	12	13	416	336	630
New England	—	0	1	—	1	—	0	1	1	8
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	1	4
Massachusetts	—	0	0	—	1	—	0	1	—	4
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	3	10	2	—	1	6	17	49
New Jersey	—	0	1	—	1	—	0	3	—	35
New York (Upstate)	—	0	1	1	—	—	0	3	3	2
New York City	—	0	1	2	—	—	0	2	8	5
Pennsylvania	—	0	2	7	1	—	0	1	6	7
E.N. Central	—	0	1	1	5	2	0	5	19	50
Illinois	—	0	1	1	—	—	0	3	6	34
Indiana	—	0	0	—	3	2	0	2	9	5
Michigan	—	0	1	—	1	—	0	2	3	—
Ohio	—	0	0	—	—	—	0	4	1	9
Wisconsin	—	0	0	—	1	—	0	1	—	2
W.N. Central	1	0	3	6	7	3	2	23	101	113
Iowa	—	0	1	—	—	—	0	1	—	2
Kansas	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	1	0	1	3	3	3	2	22	100	110
Nebraska§	—	0	2	1	3	—	0	1	1	1
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	0	3	13	42	4	3	31	86	206
Delaware	—	0	1	1	—	—	0	3	5	4
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	—	0	1	1	—	—	0	2	8	2
Georgia	—	0	3	9	35	—	0	0	—	—
Maryland§	—	0	1	1	2	2	0	3	8	30
North Carolina	—	0	1	1	3	—	1	23	27	131
South Carolina§	—	0	1	—	2	—	0	1	3	13
Virginia§	—	0	1	—	—	2	0	7	35	26
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	4	2	2	3	16	95	124
Alabama§	—	0	1	—	1	—	1	7	19	26
Kentucky	—	0	1	2	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	1	—	8
Tennessee§	—	0	2	2	—	2	2	13	76	90
W.S. Central	—	0	3	1	1	1	1	408	13	67
Arkansas§	—	0	1	—	—	—	0	110	—	43
Louisiana	—	0	0	—	—	—	0	0	—	2
Oklahoma	—	0	3	—	—	1	0	287	9	10
Texas§	—	0	1	1	1	—	0	11	4	12
Mountain	—	0	2	2	7	—	0	3	4	13
Arizona	—	0	2	—	2	—	0	2	1	5
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	1	—
Montana§	—	0	1	2	4	—	0	1	1	5
Nevada§	—	0	0	—	—	—	0	1	—	1
New Mexico§	—	0	0	—	—	—	0	1	1	1
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming§	—	0	0	—	1	—	0	1	—	—
Pacific	—	0	2	4	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	2	4	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease: All ages — Current week	All ages — Previous 52 weeks Med	All ages — Previous 52 weeks Max	All ages — Cum 2010	All ages — Cum 2009	Age <5 — Current week	Age <5 — Previous 52 weeks Med	Age <5 — Previous 52 weeks Max	Age <5 — Cum 2010	Age <5 — Cum 2009	Syphilis, primary and secondary — Current week	Syphilis — Previous 52 weeks Med	Syphilis — Previous 52 weeks Max	Syphilis — Cum 2010	Syphilis — Cum 2009
United States	84	152	477	8,681	1,863	12	48	156	1,329	1,369	84	235	413	5,238	6,866
New England	17	4	98	465	30	—	1	24	36	45	9	7	22	223	158
Connecticut	17	0	93	241	—	—	0	22	22	—	—	1	10	39	32
Maine§	—	1	6	72	8	—	0	2	6	2	—	0	3	14	1
Massachusetts	—	0	1	—	2	—	0	3	—	34	8	5	12	140	111
New Hampshire	—	0	7	59	—	—	0	2	3	6	—	0	1	10	10
Rhode Island§	—	0	7	40	11	—	0	1	2	1	1	0	5	18	4
Vermont§	—	0	6	53	9	—	0	1	3	2	—	0	2	2	—
Mid. Atlantic	4	10	52	733	111	1	7	48	208	172	29	33	47	829	898
New Jersey	—	0	8	65	—	—	1	4	36	27	1	4	12	116	128
New York (Upstate)	1	3	12	106	44	1	3	19	77	80	1	2	11	52	54
New York City	—	2	25	255	4	—	1	24	59	53	22	18	39	476	545
Pennsylvania	3	4	22	307	63	—	0	5	36	12	5	7	14	185	171
E.N. Central	15	22	96	1,740	435	2	8	18	208	226	1	27	44	479	732
Illinois	—	0	7	51	—	—	1	5	45	36	—	12	21	127	356
Indiana	—	6	23	342	174	—	1	6	29	45	—	3	9	58	74
Michigan	—	2	26	412	19	—	1	6	49	45	—	4	13	110	118
Ohio	13	13	49	747	242	2	2	6	59	77	—	7	13	164	157
Wisconsin	2	0	22	188	—	—	1	4	26	23	1	0	3	20	27
W.N. Central	5	6	182	546	113	—	3	12	99	97	2	5	12	132	150
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	4	13
Kansas	1	1	7	61	43	—	0	2	11	14	—	0	3	10	12
Minnesota	—	1	179	287	20	—	1	10	44	32	2	1	5	44	36
Missouri	2	1	9	74	41	—	0	3	27	34	—	3	8	69	82
Nebraska§	2	1	7	82	—	—	0	2	10	6	—	0	1	5	4
North Dakota	—	0	11	31	7	—	0	1	2	4	—	0	1	—	3
South Dakota	—	0	3	11	2	—	0	2	5	7	—	0	0	—	—
S. Atlantic	21	36	143	2,016	837	5	12	28	346	333	19	58	218	1,293	1,609
Delaware	—	0	3	21	11	—	0	2	—	—	—	0	3	3	17
District of Columbia	—	0	4	20	16	—	0	2	7	3	—	2	8	58	91
Florida	9	18	89	956	497	3	3	18	127	126	1	19	31	442	557
Georgia	1	10	28	319	236	1	4	12	92	76	—	14	167	250	337
Maryland§	3	0	25	277	4	1	1	6	34	52	7	6	12	139	132
North Carolina	—	0	0	—	—	—	0	0	—	—	—	9	31	200	264
South Carolina§	8	0	25	317	—	—	1	4	35	31	1	2	6	63	63
Virginia§	—	0	4	39	—	—	1	4	37	30	10	4	22	135	144
West Virginia	—	1	21	67	73	—	0	4	14	15	—	0	2	3	4
E.S. Central	4	12	50	769	188	1	2	8	75	80	6	20	39	432	566
Alabama§	—	0	0	—	—	—	0	0	—	—	—	6	17	113	232
Kentucky	—	2	16	109	52	—	0	2	9	7	5	2	13	66	26
Mississippi	—	1	6	38	31	—	0	2	8	12	—	5	17	94	95
Tennessee§	4	8	44	622	105	1	2	7	58	61	1	7	16	159	213
W.S. Central	12	7	89	1,109	73	2	6	41	177	207	12	41	72	731	1,398
Arkansas§	4	2	9	105	34	—	0	3	10	26	10	4	14	75	98
Louisiana	—	1	8	47	39	—	0	3	16	17	—	6	27	64	407
Oklahoma	1	0	5	32	—	1	1	5	32	33	2	1	6	33	46
Texas§	7	0	82	925	—	1	3	34	119	131	—	27	46	559	847
Mountain	6	5	83	1,124	74	1	5	12	156	190	1	8	18	175	272
Arizona	2	0	52	539	—	—	2	7	71	84	—	3	10	59	130
Colorado	4	0	20	320	—	1	1	4	41	28	—	2	5	54	46
Idaho§	—	0	1	8	—	—	0	1	4	6	—	0	1	2	3
Montana§	—	0	2	13	—	—	0	1	1	—	—	0	1	—	—
Nevada§	—	1	4	46	28	—	0	1	4	6	1	1	10	42	53
New Mexico§	—	0	8	96	—	—	0	4	13	23	—	1	4	13	24
Utah	—	2	9	94	37	—	1	4	20	42	—	0	2	5	15
Wyoming§	—	0	1	8	9	—	0	1	2	1	—	0	1	—	1
Pacific	—	1	14	179	2	—	0	7	24	19	5	38	62	944	1,083
Alaska	—	0	9	68	—	—	0	5	16	11	—	0	0	—	—
California	—	0	12	111	—	—	0	2	8	—	4	35	57	847	963
Hawaii	—	0	1	—	2	—	0	1	—	8	—	0	3	18	19
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	5	6	29
Washington	—	0	0	—	—	—	0	0	—	—	1	3	7	73	72
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	3	17	104	109
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2009 and 2010 are provisional.

† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 3, 2010, and July 4, 2009 (26th week)*

Reporting area	Varicella (chickenpox)§					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive¶				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	63	330	535	8,405	13,665	—	0	46	1	23	—	0	49	3	18
New England	2	17	36	383	617	—	0	0	—	—	—	0	0	—	—
Connecticut	2	7	20	176	296	—	0	0	—	—	—	0	0	—	—
Maine§	—	4	15	107	107	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	3	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	3	8	72	125	—	0	0	—	—	—	0	0	—	—
Rhode Island§	—	1	12	16	22	—	0	0	—	—	—	0	0	—	—
Vermont§	—	1	10	12	64	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	6	33	66	919	1,289	—	0	2	—	—	—	0	1	—	—
New Jersey	—	9	30	340	269	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	6	22	52	579	1,020	—	0	0	—	—	—	0	0	—	—
E.N. Central	19	108	176	2,957	4,298	—	0	4	—	—	—	0	3	—	—
Illinois	1	26	49	738	1,007	—	0	3	—	—	—	0	0	—	—
Indiana§	9	5	35	274	313	—	0	1	—	—	—	0	1	—	—
Michigan	3	35	62	942	1,263	—	0	1	—	—	—	0	0	—	—
Ohio	6	28	56	820	1,335	—	0	0	—	—	—	0	2	—	—
Wisconsin	—	7	24	183	380	—	0	1	—	—	—	0	0	—	—
W.N. Central	7	13	40	334	890	—	0	5	—	2	—	0	11	1	6
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas§	—	4	18	97	376	—	0	1	—	—	—	0	2	—	1
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	1
Missouri	7	6	16	199	425	—	0	2	—	1	—	0	1	—	—
Nebraska§	N	0	0	N	N	—	0	2	—	—	—	0	6	—	2
North Dakota	—	0	26	29	54	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	7	9	35	—	0	3	—	1	—	0	2	—	2
S. Atlantic	6	36	101	1,267	1,669	—	0	4	—	—	—	0	2	2	—
Delaware§	—	0	6	27	7	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	13	21	—	0	1	—	—	—	0	0	—	—
Florida§	—	15	57	639	854	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	1	2	—
Maryland§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	—	0	34	72	91	—	0	2	—	—	—	0	0	—	—
Virginia§	3	11	34	265	448	—	0	2	—	—	—	0	0	—	—
West Virginia	3	8	26	251	248	—	0	0	—	—	—	0	0	—	—
E.S. Central	2	6	28	175	351	—	0	6	1	3	—	0	4	—	1
Alabama§	2	6	27	173	348	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	1	—	0	0	—	—
Mississippi	—	0	1	2	3	—	0	5	1	1	—	0	4	—	1
Tennessee§	N	0	0	N	N	—	0	2	—	1	—	0	1	—	—
W.S. Central	21	66	285	1,723	3,245	—	0	19	—	7	—	0	6	—	1
Arkansas§	—	3	32	106	313	—	0	1	—	2	—	0	0	—	—
Louisiana	—	2	10	64	73	—	0	2	—	2	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas§	21	56	272	1,553	2,859	—	0	16	—	3	—	0	4	—	1
Mountain	—	25	48	628	1,231	—	0	12	—	7	—	0	17	—	9
Arizona	—	0	0	—	—	—	0	4	—	3	—	0	2	—	1
Colorado§	—	10	41	239	662	—	0	7	—	—	—	0	14	—	2
Idaho§	N	0	0	N	N	—	0	3	—	1	—	0	5	—	1
Montana§	—	3	17	129	108	—	0	1	—	—	—	0	1	—	—
Nevada§	N	0	0	N	N	—	0	2	—	3	—	0	1	—	3
New Mexico§	—	1	7	59	86	—	0	2	—	—	—	0	1	—	—
Utah	—	6	22	188	375	—	0	1	—	—	—	0	0	—	1
Wyoming§	—	0	3	13	—	—	0	1	—	—	—	0	2	—	1
Pacific	—	0	5	19	75	—	0	12	—	4	—	0	12	—	1
Alaska	—	0	4	19	45	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	4	—	0	6	—	1
Hawaii	—	0	2	—	30	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	—	—	0	3	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	3	9	14	—	0	0	—	—	—	0	0	—	—
Puerto Rico	4	5	30	146	328	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).
¶ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.

TABLE III. Deaths in 122 U.S. cities,* week ending July 3, 2010 (26th week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	453	284	122	26	5	16	33
Boston, MA	120	64	42	5	3	6	9
Bridgeport, CT	38	25	8	3	1	1	3
Cambridge, MA	13	10	2	1	—	—	2
Fall River, MA	17	12	4	1	—	—	2
Hartford, CT	46	29	10	2	—	5	2
Lowell, MA	14	10	2	2	—	—	—
Lynn, MA	8	5	2	1	—	—	—
New Bedford, MA	16	12	3	1	—	—	1
New Haven, CT	18	14	3	1	—	—	—
Providence, RI	55	37	12	3	1	2	1
Somerville, MA	U	U	U	U	U	U	U
Springfield, MA	33	20	8	3	—	2	3
Waterbury, CT	23	16	6	1	—	—	2
Worcester, MA	52	30	20	2	—	—	8
Mid. Atlantic	1,615	1,079	372	93	42	29	75
Albany, NY	43	26	9	2	5	1	2
Allentown, PA	31	27	1	2	1	—	3
Buffalo, NY	73	54	10	4	2	3	4
Camden, NJ	6	5	1	—	—	—	—
Elizabeth, NJ	20	12	6	1	1	—	1
Erie, PA	U	U	U	U	U	U	U
Jersey City, NJ	20	12	7	—	1	—	1
New York City, NY	958	652	215	50	21	20	43
Newark, NJ	32	14	10	6	2	—	2
Paterson, NJ	U	U	U	U	U	U	U
Philadelphia, PA	145	89	43	7	3	3	6
Pittsburgh, PA§	23	17	6	—	—	—	—
Reading, PA	32	25	3	4	—	—	2
Rochester, NY	72	45	18	5	3	1	3
Schenectady, NY	26	17	7	1	1	—	1
Scranton, PA	24	18	3	2	—	1	2
Syracuse, NY	51	28	19	3	1	—	1
Trenton, NJ	32	19	9	3	1	—	1
Utica, NY	8	6	1	1	—	—	2
Yonkers, NY	19	13	4	2	—	—	1
E.N. Central	1,728	1,104	435	110	44	35	118
Akron, OH	3	3	—	—	—	—	3
Canton, OH	28	16	8	2	1	1	2
Chicago, IL	234	134	67	23	9	1	15
Cincinnati, OH	91	56	24	7	2	2	10
Cleveland, OH	187	120	50	8	2	7	8
Columbus, OH	136	79	36	10	5	6	14
Dayton, OH	150	102	31	10	7	—	19
Detroit, MI	115	64	37	7	5	2	2
Evansville, IN	37	26	10	1	—	—	2
Fort Wayne, IN	60	40	17	3	—	—	6
Gary, IN	16	9	5	2	—	—	2
Grand Rapids, MI	55	42	7	1	1	4	2
Indianapolis, IN	200	120	51	15	8	6	15
Lansing, MI	38	29	6	2	1	—	1
Milwaukee, WI	50	29	18	3	—	—	3
Peoria, IL	47	36	8	1	1	1	4
Rockford, IL	53	33	12	4	1	3	2
South Bend, IN	56	39	10	6	—	1	2
Toledo, OH	91	65	23	3	—	—	3
Youngstown, OH	81	62	15	2	1	1	3
W.N. Central	819	529	195	42	23	29	48
Des Moines, IA	150	104	28	8	5	5	7
Duluth, MN	25	16	9	—	—	—	2
Kansas City, KS	30	18	10	2	—	—	3
Kansas City, MO	93	59	23	5	3	2	2
Lincoln, NE	59	45	8	3	1	2	7
Minneapolis, MN	61	37	15	7	1	1	3
Omaha, NE	86	55	21	2	2	6	4
St. Louis, MO	197	116	54	10	7	10	12
St. Paul, MN	42	29	9	2	2	—	4
Wichita, KS	76	50	18	3	2	3	4
S. Atlantic	1,129	697	302	76	38	15	61
Atlanta, GA	148	83	36	16	11	2	11
Baltimore, MD	150	85	47	10	6	2	10
Charlotte, NC	97	67	21	6	3	—	8
Jacksonville, FL	151	98	40	8	3	2	8
Miami, FL	106	75	20	9	1	—	2
Norfolk, VA	39	23	13	2	—	1	—
Richmond, VA	61	38	19	3	—	1	4
Savannah, GA	47	31	13	1	1	1	2
St. Petersburg, FL	38	20	11	6	1	—	3
Tampa, FL	185	118	50	9	6	2	4
Washington, D.C.	90	48	28	4	6	4	9
Wilmington, DE	17	11	4	2	—	—	—
E.S. Central	953	609	250	56	14	24	87
Birmingham, AL	183	115	53	8	3	4	22
Chattanooga, TN	86	55	23	6	2	—	7
Knoxville, TN	108	66	31	10	—	1	7
Lexington, KY	69	42	17	5	—	5	5
Memphis, TN	189	115	52	13	5	4	23
Mobile, AL	102	72	24	4	1	1	6
Montgomery, AL	68	51	12	3	1	1	11
Nashville, TN	148	93	38	7	2	8	6
W.S. Central	974	621	230	62	33	28	47
Austin, TX	82	45	21	5	4	7	1
Baton Rouge, LA	62	43	7	9	2	1	—
Corpus Christi, TX	U	U	U	U	U	U	U
Dallas, TX	185	109	47	18	7	4	9
El Paso, TX	79	53	15	7	2	2	1
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	159	98	42	4	5	10	9
Little Rock, AR	U	U	U	U	U	U	U
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	259	168	67	15	7	2	16
Shreveport, LA	49	31	15	1	—	2	3
Tulsa, OK	99	74	16	3	6	—	8
Mountain	1,052	690	241	76	25	18	73
Albuquerque, NM	113	72	28	7	2	4	9
Boise, ID	42	29	7	5	1	—	4
Colorado Springs, CO	73	55	13	4	—	1	1
Denver, CO	65	45	13	3	2	2	4
Las Vegas, NV	261	168	75	13	3	—	21
Ogden, UT	36	29	2	—	5	—	4
Phoenix, AZ	171	108	42	12	4	5	10
Pueblo, CO	21	12	6	3	—	—	2
Salt Lake City, UT	129	80	23	16	5	5	8
Tucson, AZ	141	92	32	13	3	1	10
Pacific	1,431	981	310	86	27	27	124
Berkeley, CA	14	7	5	2	—	—	1
Fresno, CA	131	87	32	7	3	2	17
Glendale, CA	32	29	2	1	—	—	6
Honolulu, HI	62	48	8	2	3	1	9
Long Beach, CA	67	40	23	4	—	—	6
Los Angeles, CA	254	163	56	23	7	5	19
Pasadena, CA	15	11	4	—	—	—	1
Portland, OR	99	71	20	3	—	5	4
Sacramento, CA	175	114	41	16	4	—	16
San Diego, CA	147	112	26	5	2	2	11
San Francisco, CA	97	66	19	5	3	4	11
San Jose, CA	174	125	37	7	2	3	12
Santa Cruz, CA	29	19	9	—	—	1	1
Seattle, WA	85	57	18	7	1	2	8
Spokane, WA	50	32	10	4	2	2	3
Tacoma, WA	U	U	U	U	U	U	U
Total¶	**10,154**	**6,594**	**2,457**	**627**	**251**	**221**	**667**

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of >100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Total includes unknown ages.

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